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Implementation of Health and Health-Related Sustainable Development Goals: Progress, Challenges and Opportunities

A scoping review of evidence

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List of acronyms

CCS	Country Cooperation Strategy
HHSDGs	Health and Health related Sustainable Development Goals
IM-SDG	Implementation Models for SDGs
IDRC	International Development Research Centre
LMICs	Low Middle Income Countries
MoH	Ministry of Health
MoPH	Ministry of Public Health
NSDI	National Strategy for Development and Integration
OECD	Organisation for Economic Co-operation and Development
PoCSD	Programme of Cooperation for Sustainable Development
UN HLPF	United Nations High Level Political Forum on Sustainable Development
VNR	Voluntary national review

Executive summary

In September 2015, 193 member states of the United Nations signed up to the new global development agenda termed the Sustainable Development Goals (SDGs). While many of the goals are relevant to health, health itself is only one of the 17 goals – SDG 3. The health-related goals include a range of determinants of health, which although not directly related to Goal 3, are no less important. Due to the interconnectedness of various SDGs, ensuring progress on the 2030 Agenda requires tackling goals in an integrated way. Such coordinated implementation will ensure that the desired results can be achieved for many targets, adverse effects and trade-offs might be averted and the aspiration of 'leaving no one behind' can be fulfilled.

Integrated achievement of the health and health-related sustainable development goals (HHSDGs) will depend upon strong stewardship by national governments in partnership with a broad range of national and international actors. Effective mobilization and use of resources, benefitting from the capacities of non-state stakeholders such as private sector, civil society groups, development partners and research institutions is crucial to the realization of these goals.

Currently, little is known about what countries, especially low and middle income states, have done at the institutional level during the first three years of the SDG era to plan for and implement health and health-related SDGs. It is important that such information is collected and analyzed early to inform policy and practice. To respond to this gap in literature, Aga Khan University, Karachi and the University of Toronto are making a collaborative effort to review ongoing country actions to plan and implement HHSDGs at an early stage of Agenda 2030.

The objective of the IM-SDG project is to assess the implementation mechanisms adopted by governments and other stakeholders for implementation of health and health-related SDGs. For this purpose, a review of existing literature has been conducted which is presented in this report. This review will be followed by targeted country consultations in five countries for in-depth exploration of HHSDG implementation at national level.

The search, analysis and synthesis of literature was guided by a framework comprising ten dimensions, representing key processes involved in planning and implementation of HHSDGs at national level. These include: national commitment, institutional set-up, financial commitment, stakeholder engagement, role of development partners, multi-sectoral collaboration, improving equity, capacity development and monitoring and evaluation. HHSDGs have been defined in accordance with World Health Organization's 2018 Global Reference List of 100 Core Health and Health-related SDG Indicators. Apart from SDG 3, the list includes 12 goals, eighteen selected targets and 24 selected indicators which are related to health.

This was a scoping review incorporating peer-reviewed and gray literature. Altogether 3,182 articles were found in the search (1,858 peer-reviewed articles and 1,324 documents from gray literature). 544 full text articles were screened. Fifty four full text articles/reports were included in the final analysis.

Results of the review indicate that countries have articulated national commitment through presidential decrees, parliamentary resolutions and legislation. Countries are generally aligning their SDGs commitment with national development priorities and international commitments. Many countries are focusing on priority goals rather than all 17 SDGs. Most countries have pledged commitment to SDG 3 but not all health-related SDGs are being prioritized.

Our review highlights two main approaches to institutional set-up for implementation of HHSDGs. Many countries are implementing HHSDGs under the stewardship of existing institutions such as planning commissions, various ministries and inter-ministerial forums. Others have set up new mechanisms such as SDG commissions.

Financial commitment for implementation of SDGs by governments is evident in two ways. First, most countries have included SDG targets and indicators in national development strategies and plans which is crucial for ensuring financial allocation. Secondly, a number of countries have incorporated SDGs in specific budgeting activities. Innovative approaches such as results-based financing in sectoral plans and gender-sensitive budgeting are being adopted by some. Most countries have made efforts to involve multiple stakeholders in the process of implementation of SDGs. The involvement of multiple stakeholders is particularly noticeable in the localization of SDGs – the process of integrating SDGs in national and local plans, monitoring systems and budgeting activities. A trend towards formal stakeholder coordination mechanisms for setting of goals and targets, determining means of implementation and for monitoring progress is evident.

The United Nations agencies and other development partners are working actively to support the implementation of HHSDGs. These development partners are providing financial and technical support in many countries. Some ways through which partners are providing support include: establishing implementation structures, providing financial support, supporting coordination structures for stakeholder engagement, producing information material for public awareness, and through their on-going development programs.

Countries are using a number of mechanisms for multi-sectoral collaboration such as inter-ministerial platforms, cabinet committees, interdepartmental committees, etc., with often a strong focus on engagement of multiple stakeholders. Ministries of Health are often leading the multi-sectoral implementation of HHSDGs. However, evidence is currently limited on how successful these efforts are towards achievement of health-related SDGs.

Work is underway in most countries in defining priority goals, targets and indicators. Data monitoring systems for monitoring and tracking progress are also being established or strengthened. In many countries high level political entities e.g. parliament or commissions are involved in monitoring and evaluating progress on SDGs.

To promote equity, many countries have devised mechanisms to ensure engagement of disadvantaged groups in their plans. The groups that have been commonly targeted are: women, children, elderly, the poor, persons with disabilities, victims of domestic violence and ethnic and sexual minorities. Efforts are being made to include these persons in consultations and localization. Targeted strategies such as social protection policies and social security systems are being implemented.

Many countries have identified capacity building needs in a number of areas which have implications for implementation and monitoring of HHSDGs. Most commonly identified gaps are evident in: costing and budgeting, monitoring and evaluation, policy formulation, technical capacity and management of statistical information particularly administrative data. Capacity building is often being supported by development partners and United Nations agencies.

The most commonly identified challenges in implementation of HHSDGs are related to mobilizing adequate financial resources, availability of data systems that provide reliable and disaggregated data and capacity constraints across multiple dimensions of implementation.

To overcome these challenges for effective implementation of HHSDGs, some key areas of focus are recommended for countries and stakeholders. Sustained political commitment to HHSDGs is key, which may determine the ultimate success of implementation efforts. At institutional level, empowered institutions must be promoted which allow participation of all citizens through multi-sectoral mechanisms and stakeholder engagement at all levels. Coordination between health and health-related sectors should be strengthened and should involve a broader set of sectors related to health. Development partners must align their resources and plans with those of governments for a concerted effort to achieve HHSDGs. Finally, more efforts should be made to document country experiences to allow sharing of best practices, particularly for South-South knowledge exchange.

Further in this project, five national consultations will be conducted in selected countries to explore country experiences in implementing HHSDGs. The consultations will be guided by and build on the findings of this review.

Introduction

In September 2015, during the 70th session of the United Nations General Assembly, 193 member states of the United Nations signed up to the new global development agenda termed the Sustainable Development Goals (SDGs). The 17 goals, while encompassing several of the previous millennium development goals (MDGs), which concluded in 2015, were far more comprehensive and ambitious in their scope and span. While many of the SDG goals are relevant to health, health itself is only one of the 17 goals - the Goal of Health and Wellbeing or SDG3. These goals include a range of determinants of health, which although not directly related to Goal 3, are no less important. Due to the interconnectedness of various SDGs ensuring progress on the 2030 Agenda requires tackling goals in an integrated way so that the desired results can be achieved for many targets, and adverse effects and trade-offs might be averted and they fulfill the aspiration of 'leaving no one behind'.

The 2030 agenda also incorporates taking advantage of synergies to achieve development gains through integrated action across various sectors. The Pre-SDG policy formation and implementation mechanisms, especially in lower and middle income countries (LMICs), do not often support such integrated multi-sectoral action. As a matter of fact, this is a new way of working not only for governments but also nongovernmental organizations and the development agencies, including those of the United Nations. Therefore, for such integrated multi-sectoral actions to be incorporated in progress on SDGs, they must be implemented, monitored and assessed from the early phases of SDG work. Such efforts must focus on the required governance mechanisms, institutional structures and producers for implementing and monitoring collaboration between health and non-health sectors.

The importance of intra-sectoral partnerships (such as partnerships within health and nutrition sectors) for ensuring better health are well-established; however modalities of partnerships between health and other sectors for coordinated improvement in population health have received relatively less attention amongst health-practitioners and policy implementers. While efforts in social determinants of health have provided some insight into multi-sectoral action, the SDGs offer a new opportunity for collaboration between health and other sectors by coordinating the implementation of health and health-related SDGs (HHSDGs).

Integrated achievement of the health and health-related goals requires reliance on partnerships at national and international levels with a broad range of actors. High level government stewardship is necessary for effective implementation. Also crucial is effective mobilization and use of resources and capacities of non-state stakeholders such as private sector, civil society groups, development partners and research institutions. (6, 7)

Despite the commitment of countries and development partners, little is known about what LMICs have done at the institutional level during the first three years of the SDG era to plan for and implement programs that would accelerate the achievement of SDGs by 2030. It is important that such information is collected and analyzed early to inform policy and practice in LMICs in order not to lose the precious years between now and 2030.

The Aga Khan University, Karachi and the University of Toronto are making a collaborative effort to respond to this gap in information by reviewing ongoing country actions to plan and implement HHSDGs at an early stage in the implementation of Agenda 2030.

Objectives

The objective of the IM-SDG project is to assess various mechanisms being adopted by national governments and other stakeholders in the implementation of health and health-related SDGs. The assessment is being conducted through a systematic review which will inform the subsequent targeted country consultations.

The global systematic review presented here aims to synthesize the existing research and documented experiences on implementation of HHSDGs. It presents an in-depth review of implementation modalities adopted by countries around the world in the last five years to achieve Agenda 2030, especially in relation to health.

Framework and Scope of analysis

This systematic inquiry assesses the implementation status and mechanisms for HHSDGs in the national and subnational context at the global level. A framework of analysis was developed to guide the search, analysis and synthesis of literature. (Figure 1) It comprises ten dimensions which represent key processes involved in planning and implementation of HHSDGs at national level. The framework is grounded in existing information on implementation of SDGs and is guided by public policy literature.

Figure 1: Framework of analysis for assessing, planning and implementation of health and health-related SDGs

National commitment	• Emphasis on HHSDGs in national policies/strategies
Institutional set-up	• Institutional set-ups for implementing HHSDGs
Financial commitment	• Evidence of financial commitment for HHSDGs
Stakeholder engagement	• Engagement of government, non-government, community stakeholders for HHSDGs
Role of development partners	• In pushing and implementing the HHSDGs agenda
Multi-sectoral collaboration	• For addressing health related SDGs, stewardship role of MOHs, most effective/engaging sectors
Monitoring mechanisms	• Use of routine and innovative information mechanism for monitoring HHSDGs
Improving equity	• Importance given to equity as part of the HHSDG agenda
Capacity development initiatives	• By government, development partners or academia in support of HHSDGs
Evaluation	• Process or outcome evaluation of the impact of HHSDGs on health status

The first two dimensions of the framework focus on assessing the readiness of national political, legislative, strategic and institutional context to support the implementation of HHSDGs. National commitment is assessed in terms of whether, how and to what extent countries have committed to various HHSDGs. Adequate institutional set-up is a key overarching dimension as it may determine the effectiveness of implementation across all other dimensions from ensuring adequate financial resources to effectively engaging stakeholders. This dimension assesses whether institutional structures and processes are in place to support implementation of HHSDGs. The financial commitment dimension assesses whether countries have allocated adequate financial resources to back up their commitment to HHSDGs and what mechanisms are being planned or used to overcome any budgetary shortfalls. Two-dimension focus on the role of key stakeholders. Stakeholder engagement assesses the efforts to effectively engage various civil society groups in supporting SDG planning and implementation. The role of development partners explores the extent to which their technical expertise and resources are being leveraged to support national priorities and efforts. Multi-sectoral collaboration dimension analyzes whether relevant ministries and departments are joining forces to achieve health-related SDGs and what mechanisms are used to implement such collaboration across sectors. Monitoring and evaluation dimensions examine the readiness of national statistical and information systems to collect, analyze and use data to track progress, guide course corrections and assess impact on health. Capacity development dimension reviews which capacity gaps are evident and whether there are ongoing efforts by government or non-government entities to fill them. Equity dimension evaluates the extent to which disadvantaged groups are included in planning and implementation of HHSDGs and what mechanisms are used for their engagement.

Health and health-related SDGs and targets in the framework are based on the World Health Organization's (WHO) 2018 Global Reference List of 100 Core Health and Health-related SDG Indicators. (8) In this list selected targets and indicators from 13 SDGs are included. SDG 3 (good health and well-being) is fully included with all its targets and indicators. Eighteen selected health-related targets and 24 health-related indicators from 12 other SDGs are included. These are: SDG 1 (no poverty), SDG 2 (zero hunger), SDG 4 (quality education), SDG 5 (gender equality), SDG 6 (clean water and sanitation), SDG 7 (affordable and clean energy), SDG 8 (decent work and economic growth), SDG 9 (industry, innovation and infrastructure), SDG 11 (sustainable cities and communities), SDG 13 (climate action), SDG 16 (peace, justice and strong institutions) and SDG 17 (partnerships for the goals). Detailed list of selected health-related targets and indicators for each of the 12 SDGs is given in Annexure 1.

Methodology

As per our knowledge this is one of the earliest systematic inquiry on this topic. Nature of the question and state of research on the topic compels to follow the methodology of Scoping review. A scoping review is a more suitable methodology for identifying available evidence where research on the topic is in its early stages. (9, 10) We will not attempt to determine success or failure of identified interventions thus following scoping review methodology will be most appropriate. Instead, our objective is to map intervention trends and develop tools to gather further information in the light of the findings.

Search strategy: Due to the nature of the question it was necessary to search both peer reviewed as well as gray literature. Although SDGs were ratified in late 2015 but we retrieved the literature published during June 2013 to May 2018 anticipating some early work from countries might have been published before SDGs are formally approved. Some of the searched sources provided control to limit the retrieved records for the specified period. For others date range was applied manually. Only English language publications were

retrieved. Search terms included “Sustainable Development Goal”, “SDG”, “Intersectoral”, “Multi-sectoral”, “Cooperation”, “Collaboration”, “Implementation”, “Policy”, “legislation”, “rules”, “Regional”, “global”, “whole-of-government”, “Joined-up government”, “Healthy public policy”, “Health-in-all-policy”, “HiAP”, “Health-in-all-policies”, “Integration”, “(Plan adj2 action)”. Boolean terms ‘AND’, ‘OR’ and ‘NOT' were used to intersect different concepts of the key question. Depending upon the requirement of a particular database searched we amended the terms.

Peer reviewed literature: Medline, Embase, CAB Abstracts, CINAHL, Cochrane (CENTRAL Register of Controlled Trials and Database of Systematic Reviews), 3ie Databases of Impact Evaluations, and WHO regional databases (WHOLIS) were searched. Retrieved records were imported form each database and imported files were saved. Each file then was imported into specifically created folders in an EndNote library.

Gray literature: A comprehensive list of Gray literature sources was compiled (Appendix A) and after consultation with experts in the field the sources most likely to contribute efficiently towards the literature were selected. These included ‘Google®’, ‘Open Gray’, ‘UN high level political forum for SDGs’, ‘UNDP’, ‘UNFPA’, ‘UNICEF’, ‘World Bank’, and ‘IDS bulletin’. For each source of gray literature URL of main page and the page from where records need to be searched were recorded. Date of search and search syntax and a few major variants tried were also recorded in document along with the number of retrieved records. URLs and snippets of each retrieved records were copied and pasted in to a MS Word file saved with the name of that database.

Eligibility criteria: For an article to be eligible it must discuss the efforts towards implementation of health or health-related SDGs at national or sub-national level. Any article that provided information only at multi-country level efforts was not considered as the tool being developed is to collect information at country level. Any article that only discussed suggestion or potential approaches for implementations of certain strategies were excluded.

Screening and data extraction: Three experienced reviewers independently screened the retrieved records using title and abstract, or title and snippet depending upon whether a record is retrieved from peer reviewed database or gray literature source. Any article clearly or potentially relevant to the question was pushed to the full text screening stage. All full text PDFs were retrieved. All full text articles were assessed for eligibility using criteria mentioned above. Data was extracted from all eligible full texts articles on a structured pre-designed and tested form (Appendix 2). Two experienced team members extracted data from all eligible articles. One form was filled for each article.

Data Synthesis and Analysis: Given the nature of the topic and format of the material identified, initially we conducted a content analysis of all relevant publications considering each eligible document as a ‘case’. Information on main characteristics and findings were then presented in a tabulated fashion. The information presented included settings in which each study was conducted, the scope of the study, i.e. national or sub-national, objectives of the study and key findings of the study and recommendations made. The content was further organized based on the framework of analysis (Figure 1). Thematic analysis of the content was organized by country and depicted how each pillar of our framework has been addressed by a country in the last few years. For that we collated available studies under each pillar for a given country. We then applied a three tier staging to categorize amount of information available for each pillar for that country. We gave each cell a color; green for considerable information, yellow for some and red for none. The staging was judged by two authors in consultation with each other with some unavoidable inherent subjectivity. However, this

was never aimed for any quantitative measure but as relative ranking based on reported information. We then applied a three tier staging using a traffic light system categorize progress within each dimension for each study according the information available about each dimension. We gave each cell a color; green for considerable, yellow for some and red for none. The staging was judged by two authors in consultation with each other with some unavoidable inherent subjectivity. However, this is never aimed for any quantitative measure but as relative ranking based on reported information. We also constructed a summary table to find out the gaps in the published literature as regards various pillars for all HHSDGs. For a given HHSDG we identified the number of studies providing information so to get an idea of the distribution of the information published. The assumption was that number of published articles, a proxy measure, would reflect relative interest among HHSDG.

To highlight the factors affecting progress or lack of it towards a particular HHSDG implementation processes we also presented in-depth information citing examples from selected countries. All of these examples were linked to one of the dimensions of our framework of analysis.

Results

Altogether 3,182 articles were found in the search (1,858 peer-reviewed articles and 1,324 documents from gray literature). 544 full text articles were screened. Fifty four full text articles/reports were included in the final analysis (figure 2 depicts the consort diagram of this review). The main reasons for excluding articles were: (1) SDGs were not referred (2) did not give information on planning for or implementation of HHSDGs; (3) provided information only at global and/or regional level but not at national level. Global and regional documents that included country details on HHSDG implementation were included. How well each study captures each analysis dimension is represented with traffic light color coding (green=adequate; yellow=some; red=none) in table 1. Summary of description of each included study is given in table 2.

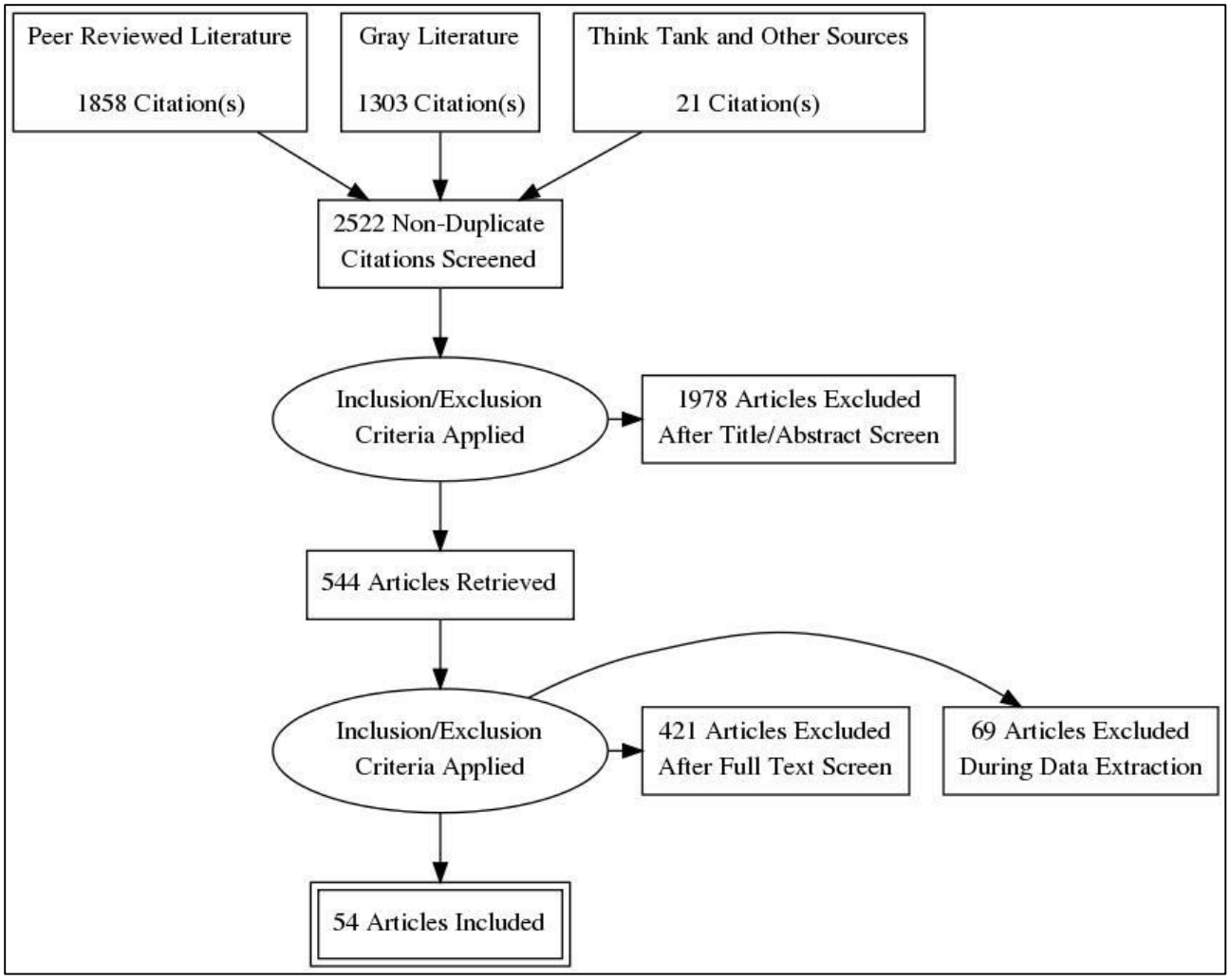

Figure 2: Consort diagram for IM-SDG scoping review

Our findings show that at this relatively early stage of SDG implementation, variable level of commitment to different SDGs is evident across countries depending on national priorities. Broad institutional and implementation mechanisms are being set up in all countries. Although HHSDG-specific implementation details within these mechanisms are not always available, their implementation is occurring within these broader institutional mechanisms. Keeping that in view this review presents information specific to HHSDGs as well as broader strategies and plans which will clearly influence the effective implementation of HHSDGs. The results of the review are presented under each dimension of the analytical framework. Examples and case studies are presented from a number of countries and regions for each dimension. These are meant to be illustrative examples and not exhaustive by any means. Numerous examples of potentially effective implementation mechanisms across the world make such comprehensiveness impractical.

1. National commitment

In most countries for whom evidence is available, expression of national commitment has been one of the first steps toward fulfilling the SDG agenda. Articulation of national commitment has taken a number of forms including presidential decrees, parliamentary resolutions, enactment of laws, etc. (1)

One indicator of increasing commitment of governments to SDGs is that progressively larger number of countries are participating in the Voluntary National Reviews (VNR) at the United Nations High Level Political Forum (UNHLPF). While only 22 countries submitted VNRs in 2016, 43 countries did so in 2017 and 48 in 2018. (1)

National commitment to specific SGDs varies across countries depending on national priorities, capacities and resources. In 2017, of all the countries that conducted voluntary national reviews, only 30% reported on all 17 goals. Among the countries that did not report on all goals, all countries chose to report on SDG 3, however, not all health-related SDGs (as defined by WHO list of core health and health-related indicators) were included. (1) It is evident from the literature that understanding of what constitutes health-related SDGs, targets and indicators varies widely across countries.

Aligning national commitment to SDGs with national development aspirations in Ethiopia

Ethiopia achieved six of the eight MDGs. The country is implementing the SDGs within the broader national vision of becoming a lower middle income country by 2025. The country has conducted a visioning exercise for setting goals and targets that should be achieved by 2030. The government has given priority to six SDGs: 1, 2, 3, 5, 9 and 14. The government has conducted a voluntary national review in which progress in planning and implementing SDGs since 2015 is documented.

Ethiopia has incorporated the implementation of the Agenda 2030 as an integral part of the Second Five Years Growth and Transformation Plan (GTP II).

In the health sector, SDGs are being implemented within the GTP II framework through the Health Sector Transformation Plan (HSTP) which builds upon the successes and challenges of the successive Health System Development Plans (HSDPs) I to IV that were implemented over the last two decades. The HSTP has three key features: quality and equity; universal health coverage and transformation, and sets out four pillars of excellence which are believed to help the sector to achieve its mission and vision that include: 1. Excellence in health service delivery; 2. Excellence in quality improvement and assurance; 3. Excellence in leadership and governance; and 4. Excellence in health system capacity. (4)

Countries are generally aligning their national commitment to SDGs with broader national development aspirations and regional commitments. Ethiopia is implementing SDGs within its objective of becoming a lower middle income country by 2025. Accordingly, it has given priority to SDGs 1, 2, 3, 5, 9, and 14. (4) Tanzania is implementing SDGs along with regional commitments such as Agenda 20 63 and the South African Development Community (SADC) Regional Indicative Strategic Development Plan (2005-2020). (11) Japan and Denmark have articulated their national commitment through the framework of '5Ps' i.e. prosperity, people, planet, peace and partnerships. (1)

2. Institutional set-ups for implementing HHSDGs

Two main approaches to institutional set-up for implementation of HHSDGs are evident in literature. Countries are either implementing HHSDGs through existing institutions or setting up new mechanisms specifically for Agenda 2030. Among the existing mechanisms the responsibility of implementing SDGs is

being given to planning commissions (Pakistan and Ethiopia), (4, 12) various ministries such as finance and social development, cabinet committees and inter-ministerial forums (Rwanda) (13).

A number of countries are extending the role of existing institutions for SDG implementation. For example, Afghanistan's existing High Council of Ministers is responsible for overseeing the nationalization and implementation of the SDG agenda ensuring that SDG priorities are included in national policies, strategies and budgetary frameworks. (3, 14) Other countries are utilizing the institutional structures set-up into the MDG-era to steer implementation of SDGs. The National Council for Coordination of Social Policies in Argentina was set-up in 2003 and has been tasked with the implementation and monitoring of SDGs and monitoring progress through a presidential decree. (1)

Other countries have created new entities to steer SDG implementation. Brazil has set up the National Commission for the Sustainable Development Goals, a consultative body in the Government Secretariat. It comprises representatives of the Government Secretariat of the Office of the President, the Chief of

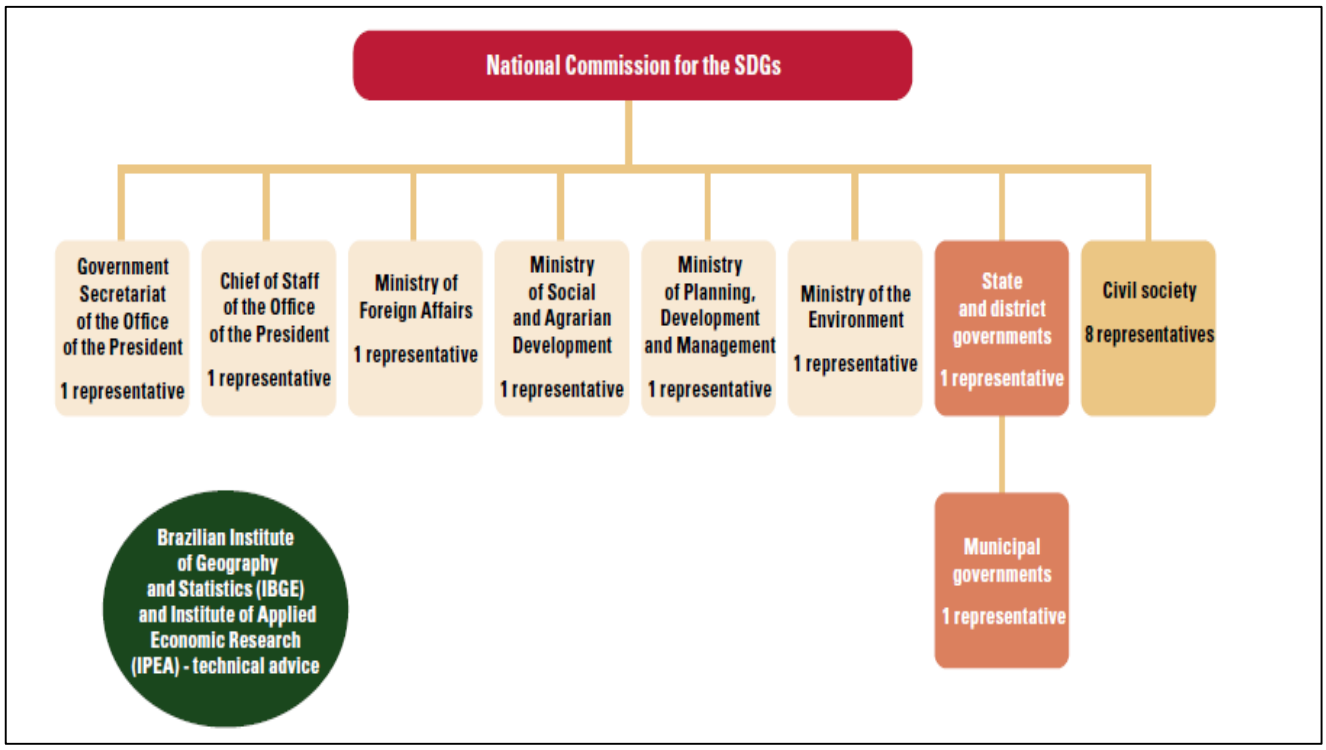

Figure 3: Institutional structure of The National Commission for Sustainable Development, Brazil
Source: Annual report on regional progress on SDGs in Latin America and the Caribbean, ECLAC

Staff of the Office of the President and representatives of four ministries - Ministry of Foreign Affairs, the Ministry of Social and Agrarian Development, the Ministry of Planning, Development and Management and the Ministry of the Environment, together with representatives of the state, district and municipal levels and civil society. The Commission's responsibilities include preparing an action plan for implementation of the 2030 Agenda; proposing strategies, instruments, actions and programs; carrying out follow-ups and producing progress reports; disseminating best practices; and ensuring coordination with public agencies and other bodies at the national and subnational levels. (2)

Institutional mechanisms for implementation of HHSDGs in Rwanda

In Rwanda the integration of HHSDGs has been incorporated within the overall strategic planning process. Rwanda fully integrated SDGs in the national planning process and individual sector plans in 2017.

The institutional mechanisms for implementation of HHSDGs are apparent within the broader institutional set-up for SDGs. Existing institutional entities have been assigned roles for oversight and accountability, strategic orientation, strategic monitoring, technical advice, technical and sector coordination, technical consultations and district coordination. State bodies implementing these roles include those with oversight roles (such as Senate and Parliament), providing strategic orientation (the cabinet) and technical consultations (the Sector Working Groups)

Role	Organ	Functions
Oversight and Accountability	Senate and Parliament	Oversight of the progress, endorsing plans and budgets, demanding accountability
Strategic Orientation	Cabinet	Approval of financing and implementation plans, strategic guidance
Strategic Monitoring	Leadership retreat, National Dialogue	Annual Monitoring and Accountability
Technical Advisor	DPCG	Technical Advice and support for implementation
National Technical Coordination	MINECOFIN	Integrating SDGs in plans and budgets. Monitoring and Evaluating progress
Sector Coordination	Ministerial Clusters	Addressing cross-sectoral issues
Technical consultation	Sector Working Groups	Forum for engaging all stakeholders, monitoring sector level
Districts coordination	District councils, District Joint Action Development Forums (JADFs)	Forum for engaging all stakeholders, monitoring district level
	Community Outreach through UMUGANDA and Districts administrative organs e.g. sectors, wells and villages	Citizens participation and engagement forums

Figure 4: Institutional set-up and coordination mechanisms for SDGs implementation in Rwanda

For health related SDGs an analysis has been conducted of the gaps in existing health information systems. There is a focus not just on establishing systems for monitoring but also on evaluating impact on health.

In relation to institutional set-ups which support achievement of health-related SDGs, the planning process of the health sector follows the overall planning mechanisms led by the Ministry of Finance and Economic planning within the Vision 2020, the Sector Strategic Plans (SSPs), and the District Development Plans (DDPs).

The Ministry of Health and partners have selected a set of SDGs, targets and indicators to be domesticated in the health sector strategic planning. Some health-related targets have been allocated to other sectors taking into account their mandate and expertise. For example, the target indicator 3.4.2 on suicide mortality rate has been mandated to the Ministry of Justice.

Level of Coordination	Entities/ Institutions concerned	Comment
Social Cluster Ministries	Ministry of Health, Ministry of Local Government, Ministry of Agriculture and Animal Resources, Ministry of Gender and Family Promotion, Ministry of Education, Ministry of Youth, Information and Technology, and the Ministry of Disaster Management and Refugee Affairs	This cluster is led by Ministry of Health.
Health Sector Working Group	This is under the overall leadership of the Ministry of Finance and Planning, chaired by the Ministry of Health, with co-chair by the development partners in the health sector	The co-chairmanship of the sector is done by a representative from development partners (both private and civil society organizations) on a rotation basis.
Join Health Sector Review	This coordination framework is made by the Ministry of Health, Rwanda Biomedical center and development partners, civil society organizations and the private sector	This is chaired by the Ministry of Health and co-chaired by a representative from development partners.

Figure 5: Institutional mechanism for Health and some health related SDGs coordination in Rwanda (13)

The legislature in Mexico has identified 13 structural reforms which could help the country in achieving Agenda 2030. The country has also conducted a review to assess the parliament's legislative capacity for implementation of SDGs. The review which takes into account factors such as knowledge of parliamentarians regarding Agenda 2030 and integration of SDGs into legislative mechanisms is in early stages of implementation. (2)

3. Financial commitment for HHSDGs

Many countries, especially low-middle and middle income countries identify financing as a key challenge for implementation of 2030 agenda. Financial commitment for implementation of SDGs by governments is evident in two ways. First, most countries have included SDG targets and indicators in national and subnational development strategies and plans which is crucial for ensuring financial allocation. Secondly, a number of countries have incorporated SDGs in specific budgeting activities. Afghanistan has incorporated SDG targets and indicators in national and subnational budget planning process. Line ministries have been asked to include SDG related financial outlays in their budget proposals. (14) In Nepal national budgets since 2016 have included SDG coding to include SDGs programs budgets. (15)

Results based financing arrangements for HHSDGs in Peru

To support the implementation of SDGs, Peru has moved towards results-based budgeting. The process is led by the Ministry of the Economy and Finance in coordination with the Round Table for Poverty Reduction and civil society actors. To ensure financial allocation for SDG implementation, the country has prioritized twenty-four strategic budget programs for budget allocations and protected from fluctuations in the budget. The priority programs include those related to education, health, infant mortality and nutrition, and others related to agricultural production, energy, water and environmental quality. (2)

Countries have also re-structured their budgeting processes for special emphasis on priority areas within SDGs. With relation to health related SDGs, Mexico has taken significant steps for inclusion of gender consideration in its budgeting processes. (2)

Mainstreaming gender equality through gender-sensitive budgeting in Mexico

In Mexico, gender budgets are being employed to mainstream gender issues in government policies by disaggregating spending in all sectors. Gender equality specialists are working with relevant line ministries to develop a fiscal policy that values women's contributions to the economy. Government workers at national, subnational and local levels are being trained to increase awareness of gender inequality in the public sector. (2)

Mexico, with UNDP support, has also used a rapid integrated assessment tool to analyze alignment between SDGs and strategies and plans. The Ministry of Finance in Mexico has conducted a cross-matching exercise, which allows the government to estimate the amount budgeted for SDGs in government programs. (2)

A number of countries are basing their financial strategies on the Addis Ababa Action Agenda on financing for development. In accordance with the Agenda countries are exploring domestic financing sources such as with in the private sector for implementing the 2030 agenda. Many countries are relying on mobilizing private sector funds by engaging private sector, social and religious organizations and academia among others. In Bolivia, the Confederation of Private Sector Employees of Bolivia is aligning their corporate social responsibility strategies with the 2030 agenda in the country. (2)

A number of governments are also exploring innovative financing mechanisms for universal health coverage (UHC). In that regards, many countries across various regions are rolling out various health insurance schemes to achieve UHC.

4. Stakeholder engagement

Most countries have made efforts to involve multiple stakeholders in the process of implementation of SDGs. The involvement of multiple stakeholders is particularly noticeable in the localization of SDGs – the process of integrating SDGs in national and local plans, monitoring systems and budgeting activities. The localization process involves taking into account subnational contexts in the achievement of the 2030 agenda. Many countries have put in place stakeholder coordination mechanisms for setting of goals and targets, determining means of implementation and for monitoring progress. (1, 2)

A number of countries are using existing or newly established institutional mechanisms for stakeholder coordination. These arrangements vary from consultations in decision making processes to establishment of long-term multi-stakeholder partnerships to support and monitor progress on specific goals and targets. (1)

Multi-stakeholder engagement for SDG implementation in Kenya

A SDG Coordinating Department has been established within the Kenyan Ministry of Devolution and Planning, which is supported by an Inter-Agency Technical Committee, comprising of officers from key government ministries, departments, agencies, civil society organizations and the private sector. Civil society organizations such as Kenya Private Sector Alliance, SDGs Kenya Forum, the Council of Governors, National Youth Council and the Association of Persons Living with Disabilities are some of the bodied that have been involved. (1)

Civil society organizations are organized under the SDGs Kenya Forum, which is the national focal point for non-state actors to collaborate on the SDGs agenda. A youth caucus is in its early stages of formation and is drawing membership from the National Youth Council while a Parliamentary SDGs Caucus has been proposed.

A private sector SDGs Forum is being planned to bring together key stakeholders such as Kenya Private Sector Alliance, Kenya National Chamber of Commerce and Industry, Kenya Association of Manufacturers, Federation of Kenya Employers and the Central Organization of Trade Unions so as to have a coordinated mechanism for the private sector to support the implementation of SDGs. (5)

Countries are also involving multiple stakeholders in the process of monitoring of SDGs. Many countries such as Argentina, Bangladesh, Belgium, and Denmark share their voluntary national review reports with stakeholders for input. In some countries complementary reports are prepared by civil society organizations. In Portugal, NGOs with the support of private institutions and regional UN bodies are preparing periodic sectoral complementary reports (1), thus providing an alternate accountability mechanism to oversee the implementation of SDGs.

Ensuring stakeholder engagement for HHSDGs in Chile

The Asocia 2030 project in Chile focuses on giving a greater voice to the civil society in implementation of the 2030 Agenda by bringing together more than 350 civil society organizations. The project focuses on enhancing democracy, rights-based participation and sustainable development. It is based on the conviction that the SDGs require all parts of society to work together and that cooperation between government agencies and civil society can reconcile differences to address issues such as gender equality, poverty, hunger, ill health, building resilient infrastructure, promoting inclusive industrialization and ocean conservation. The Chilean Association of NGOs, the Community of Pro-Solidarity Organizations and the Chilean Network of Volunteer Organizations are all part of the Asocia 2030 project. Asocia 2030 has organized meetings and advocacy roundtables; a civic schools program; training and consultation workshops; national and international seminars; regional colloquiums; publications launches and a register of civil society organizations, among other initiatives. (2)

The main challenges that countries face in this respect are resources required to maintain well-structured collaborations, ensuring fair representation, and managing high stakeholder expectations. (1)

Table 1 Availability of information regarding each dimension in included studies

S. No.	Study ID and reference	National commitment	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with health and related sectors	Monitoring and evaluation	Focus on equity	Capacity development
Peer-reviewed articles										
1	Biswas et al. 2017 (16)									
2	Kumar et al. 2017 (17)									
3	Peykari et al. 2017 (18)									
4	Galli et al. 2018 (19)									
5	Glorieuse et al. 2018 (20)									
Think tanks and other sources										
6	AREU Afghanistan 2017 (3)									
7	icddr,b Bangladesh 2017 (21)									
8	IMS Bhutan 2017 (22)									
9	CHS Ethiopia 2017 (4)									
10	SDPI/IDRC India 2017 (23)									
11	Amref Kenya 2017 (5)									
12	SDPI Nepal 2017 (24)									
13	SDPI Pakistan 2017 (12)									
14	IPAR Rwanda 2017 (13)									
15	IDRC Sri Lanka (25)									
16	IHI Tanzania 2017 (11)									
17	ACHEST Uganda 2017 (26)									
18	ACHEST Zambia 2017 (27)									
19	ACHEST Zimbabwe 2017 (28)									
20	SDPI South Asia 2017 (29)									
21	ACHEST SE Africa 2017 (30)									
22	ECLAC Latin America 2017 (2)									
23	ECLAC Latin America 2018 (31)									
24	UNHLPF Afghanistan 2017 (14)									
25	UNHLPF Bangladesh 2017 (32)									
26	UNHLPF Nepal 2017 (15)									
Gray literature										
27	G003 / 2017 / UNHLPF (1)									
28	G007 PAHO, WHO/ Guyana 2017 (33)									
29	G008 Globalization & Health 2017 (34)									
30	G010 / 2017 / UNDG (35)									
31	G011 / 2017 / UNFPA (36)									
32	G012 / 2018 / UN (37)									

33	G015 / global partnership (38)									
34	G016 / Nov 2016 / prepared by Department of International Co-operation Ministry of Planning and Investment (39)									
35	G021 / 2017 / Turkey/WHO (40)									
36	G026 WHO Africa 2016 (41)									
37	G029 / June 2017 (42)									
38	G033 / March 2016 / Ministry of health & WHO regional office for Europe (43)									
39	G038 / 2017 / Ministry of Health (44)									
40	G042 2017 Excellence against Hunger (45)									
41	G043 / 2017 / Zambia (46)									
42	UNI 177 / occidental college 2017 (47)									
43	UNI 187/ 2017 Swaziland (48)									
44	UNI 526 UNICEF 2017 (49)									
45	UNI 572 /UNICEF 2017 multi country (50)									
46	UNI 712 UNICEF Vanuatu (51)									
47	UNI 828 UNICEF Turkmenistan 2017 (52)									
48	UNI 829 UNICEF HIV/AIDS 2017 (53)									
49	UNI 835 UNICEF Africa 2017 (54)									
50	UNI 913 UNICEF nutrition 2017 (55)									
51	UNI 938 UNICEF WASH 2017 (56)									
52	UNI 939 UNICEF child protection 2017 (57)									
53	UNI 1021 UNICEF CIA (58)									
54	UNI 1022 UNICEF Guatemala (59)									

5. Role of development partners

The United Nations agencies and other multilateral and bilateral development partners are working actively for supporting implementation of HHSDGs. These development partners are providing financial and technical support in many countries. To support government priorities, many partners are spending through government as a budgetary support as well as through local and international NGOs. The programs being run by a number of development partners are also contributing towards Agenda 2030.

Within Agenda 2030 donor priorities and scope of work varies. Some donors are more inclined to implementation while others are working in policy guidance, research and advocacy. For achievement of SDG 3, donors that are most actively involved in the health sector include, but are not limited to: USAid (USA), DFID/UKAid (UK), AusAid (Australia), GIZ (Germany), CIDA (Canada), JICA (Japan), World Bank and Asian Development Bank. The role of development partners has also been significant in SDG establishing implementation structures and financing them (Uganda) and in supporting coordination mechanisms, monitoring and funding (Zimbabwe). (31)

UN agencies such as United National Development Program (UNDP) are highly involved in the implementation of the Agenda 2030. UNDP is working with the government of Kenya and civil society organization to enhance the communication and understanding of SDGs. Through this collaboration, the government has produced and disseminated information, education and communication material on SDGs.

In Afghanistan, the Ministry of Public Health is leading the collaboration between health and health-related sectors for the implementation of SDGs. A number of international development and UN agencies, for example World Food Program, The United Nations Children's Fund (UNICEF), WHO, USAID, SIDA (Sweden), CIDA, the European Union, UNDP, the United National Population Fund (UNFPA), the World Bank and the United Nations Office on Drugs and Crime (UNODC) are supporting the Ministry of Public Health in achieving the assigned targets. (3, 14)

Mexico, with UNDP support, has used a rapid integrated assessment tool to analyze alignment between SDGs and national strategies and plans. The Ministry of Finance in Mexico has conducted a cross-matching exercise, which allows the government to estimate the amount budgeted for SDGs in government programs. UNDP has also supported the development a tool for diagnosing the parliaments' legislative capacity for implementation of SDGs. (2)

6. Multi-sectoral collaboration

Given the integrated nature of many SDGs including those related to health, almost all countries have instituted mechanisms for multi-sectoral collaboration. Countries are using a number of different mechanisms for such collaboration such as inter-ministerial platforms, cabinet committees, interdepartmental committees, etc., with often a strong focus on engagement of multiple stakeholders and cross-sectoral involvement. For instance, in Bangladesh the Prime Minister has formed an inter-ministerial SDG monitoring and implementation committee comprised of secretaries of 21 ministries. Multi-sectoral coordination in Denmark is coordinated by the Ministry of Finance through an inter-ministerial working group and bilaterally between the Ministry of Finance and line ministries. (1)

Leading the HHSDGs multi-sectoral agenda – The Ministry of Public Health in Afghanistan

In Afghanistan, the Ministry of Public Health is leading the agenda of achievement of health-related SDG targets and indicators. Other ministries supporting the Ministry of Public Health are Ministry of Women Affairs, Ministry of Labor and Social Affairs, Ministry of Finance, National Environment Protection Agency, Ministry of Economy, Ministry of Counter Narcotics, Ministry of Information and Culture, Afghanistan Independent Human Rights Commission, Ministry of Foreign Affairs, Ministry of Education, Ministry of Higher Education, and Ministry of Rural Rehabilitation and Development. (3)

For HHSDGs ministries of health and/or public health are often leading the agenda with variable success in engaging non-health sectors.

The Ministry of Health in Sri Lanka is the central agency responsible for planning, coordinating, monitoring and evaluating the progress on HHSDGs. A multi-sectoral approach has been adopted by the Ministry of Health with the Ministry of Education. Both ministries have instituted mutual programs such as nutrition programs in schools. However, limited coordination with other ministries such as the Ministry of Women Affairs and Ministry of Water and Sanitation is a limiting factors on progress in HHSDGs. (25)

Implementation mechanisms of multi-sectoral engagement at the highest level are evident in many countries from the available literature. However, the available literature does not often address how multi-sectoral work is being operationalized at lower levels of governments. In addition, available literature provides few details of the successes of and challenges for existing multi-sectoral mechanisms.

7. Monitoring mechanisms of HHSDGs

Two dimensions are evident in how countries are proceeding with monitoring of SDGs. First, countries have put in place institutional arrangements for oversight monitoring of SDGs such as through parliaments. Second, work is underway in defining priority goals, targets and indicators as well as data monitoring systems for monitoring and tracking progress. In many countries high level political entities e.g. parliaments or commissions are involved in monitoring progress on implementation of SDGs. In Belgium periodic reports on progress on SDG implementation are required to be presented to the parliament. (1)

In many countries national statistical systems (NSSs) are playing a central role in monitoring the progress on SDGs. Institutional arrangements have been put in place in many countries for aligning the work of NSSs within the overall institutional set-up of SDG implementation. Moreover, a number of countries are taking innovative approaches to data collection e.g. India is considering the use of space technology for household surveys. (1) Countries with well-developed systems such as Japan have expressed willingness to support less developed countries in strengthening data systems and monitoring mechanisms.

Countries have reported a number of challenges when it comes to monitoring of SGDs. Most common challenges relate to access to data disaggregated at the appropriate level to assess progress of implementation among special groups such as women, children, elderly, disabled, etc. Many countries including Afghanistan, Kenya, Nepal, Zimbabwe and others report challenges with data collection and management including limited technical capacity and infrastructure. (1)

Tracking implementation of SDGs in Bangladesh

In Bangladesh, Access to Information Program of the Prime Minister's Office, with technical support from UNDP and USAID–in collaboration with General Economics Division (GED) of Planning Commission, Bangladesh Bureau of Statistics and other government and private stakeholders, has designed and developed an SDG Tracker (www.sdg.gov.bd).

Two major components of SDG Tracker are:

- SDG Portal - enables policy makers, government agencies, private sector, civil society organizations, International organizations, academia, researchers and the citizens to track year on year progress against each target and to create required visualizations.
- SDG Dashboards - facilitate individual ministries and agencies to consolidate available data for each SDG and compare it visually against performance thresholds. The resulting dashboards highlight areas where a Ministry needs to make the greatest progress towards achieving the Goals by 2030. (32)

8. Improving equity

In keeping with the 'leaving no one behind' aspiration of the 2030 agenda, most countries have put in place mechanism to ensure inclusion of groups that are at risk to exclusion and health risks such as persons with disabilities, women, children and victims of domestic violence in their plans. Some countries have also included LGBTQ persons and migrants. Moreover, socioeconomic inequalities and urban rural differences have also been considered. There has been an effort to include these persons in consultations in the localization process and in instituting targeted strategies for these groups including social protection policies and social security systems. One crucial challenge that many countries have noted in this regard is the requirement of appropriately disaggregated data to monitor access and impact. Many countries including Japan, Sweden, and Thailand are focusing on improving access to transport for persons with disabilities. Thailand is creating more employment opportunities for disabled persons. Belgium, Sweden and Nepal have addressed policies related to ensuring rights of LGBTQ persons. Countries including Nepal, Chile and Malaysia are also taking steps to address multidimensional poverty among indigenous people. (1)

Ensuring equity in the implementation of SDGs in Kenya

Kenya has conducted a review of the performance contracting framework for Ministries, Departments and Agencies in all public institutions to mainstream SDGs into their plans. Within this process the second generation Revenue Allocation Formula has been reviewed to prioritize Poverty Index among resource sharing criteria. An Equalization Fund has been set up which further allocates more public resources to counties with high poverty indices as a way to fast track the reduction of poverty that is critical to the attainment of a number of SDG including health. (5)

9. Capacity development initiatives

Countries have identified capacity building needs in a number of areas which have implications for implementation and monitoring implications for all HHSDGs. For instance, Jordan has identified gender mainstreaming as an area where capacity building is needed. Other countries have identified capacity development needs in SDG costing and budgeting, monitoring evaluation and policy formulation, technical capacity to achieve the sustainable development goals within sectors and management of statistical information particularly administrative data. (1)

Capacity building needs and efforts for health data systems in Tanzania

Tanzania has identified that capacity building and the inclusion of new data collection sources is required for it to fulfill the health related SDGs. The country has created a Statistical Master Plan to improve the data infrastructure of the country including for HHSDGs. However, data collection in Tanzania remains heavily donor reliant and unreliability of funds is a key concern. Heavily centralized data collection mechanisms has also been identified as an areas where data systems can be improved. The potential of citizen-led data collection has been noted and the need to strengthen such data systems is being considered. Resources such as 'Sauti za Wananchi' ('Citizens Voices') have been identified as a useful citizen response data collection service which could be strengthened for monitoring the SDGs. The country has identified detailed indicators for monitoring of SDG3 and identified existing, alternative and potential sources for collecting such data. Think tanks have been identified as one source where collaboration can support capacity building and serve as alternate data sources. (11)

10. Evaluation

Efforts for evaluation of the process of HHSDGs and evaluation of impact on health is embedded in broader monitoring and evaluation systems. There is, however, dearth of information on how the impact of implementation of health related SGDs on health will be teased out. Methodologies for such impact assessments need more clarity in a way which is supported by national statistical systems and which are comparable across countries. From the literature it is clear that a number of national governments recognize the challenges they face for adequate monitoring of progress within sectors. It is clear from the available literature that countries recognize the challenges they face in adequately tracking progress on SDGs within sectors. However, far less attention has been paid to the capacities and collaboration mechanisms required to assess the overall impact of SDG implementation on health.

Table 2 presents the objectives and key findings of all 54 studies/reports included in the analysis of this scoping review.

Table 2: Summary of key findings

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
PEER REVIEWED ARTICLES				
1.	Biswas Animesh / 2017 / F1000Research (16)	Bangladesh / National level / Review article	To discuss the (i) shifting paradigm of the Bangladesh maternal and neonatal death review system in the last seven years and (ii) the effects of the death review system in the country, and its facilitation for reaching the SDG3 target	• Bangladesh implemented a maternal and perinatal death review (MPDR) which explores medical and social causes related to maternal and neonatal deaths though a systematic process to help achieve SDGs • The present death review system highlighted real-time data use, using the district health information software (DHIS-2). Health mangers are able to take remedial action plans and implement strategies based on findings in DHIS-2. Therefore, effective utilization of data can play a pivotal role in the reduction of maternal and perinatal deaths in Bangladesh • the system needs continuous monitoring at different levels to ensure its quality and validity of information, as well as effective utilization of findings for planning and implementation under a measureable accountability framework
2.	Kumar S et al, 2017 / Journal of Health Management (17)	India / National level / Journal article	To document the background processes involved in the development of National Health Policy 2017 for India	• The major changes incorporated included in the national health policy 2017 include areas of child nutrition, detailed analysis of present challenges and future scenarios in adolescent, mental, geriatric health, communicable and non-communicable diseases, nutrition and occupational health. There are also specific objective on improving trust in public health care facilities. Time bound quantifiable goals aligned to 12th Plan recommendations and sustainable development goals were included in the revised policy draft • Formulating the policy included background papers and state reviews. The next stage was the 'review and revision' process which involved getting feedback from all relevant government partners, academia, professional bodies, private not-for-profit organizations, private-for-profit organization and individuals. • The policy has been adopted by India. Next steps include engaging stakeholders across various sectors to push for its implementation.

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
3.	Peykari N et al, 2017 / Journal of diabetes and metabolic disorders (18)	Iran / National level / Review article	To present the emerging Iranian architecture for NCDs' prevention and control and create NCDs' national action plan to move forward.	• While significant gains have been made through promotion of primary care, there is a rise in NCDs which is a leading cause for premature mortality in Iran • The structured and stepwise approach of Iran towards NCDs prevention and control shows both the challenges and success of this approach. • The model for using the Iranian Non-communicable Diseases Committee(INCDC) is appropriate for high level coordination for tackling NCDs • Some challenges include poor leadership, change management, financial constraints, poor health infrastructure, inadequate qualified human resources, poor information and communication, poor coordination and resistance of some organizations
4.	Galli et al / 2018 / Environmental Science and Policy (19)	Montenegro / National level / Journal article	To provide an overview of the process of transposing the UN 2030 Agenda within the policy context of Montenegro. To extensively describe the work conducted to set-up the suggested NSSD 2030 monitoring and reporting framework, and To assess Montenegro's capacity to measure SDG indicators, now and in the coming years, for tracking success in delivering on the SDGs by 203	• Montenegro has recently adopted a revised National Strategy for Sustainable Development (NSSD 2030). • NSSD 2030 is centered around the UN 2030 Agenda and the SDGs. • The process of developing the NSSD 2030 monitoring and reporting framework is described. • 26 official bodies of the Montenegrin Government were found to be involved in the NSSD monitoring. • Montenegro was found to be able to track 137 SDG indicators by 2019.
5.	2018 / Journal of transcultural nursing (20)	Rwanda / National level / Journal article	To describe the Human Resources for Health (HRH) Program in Rwanda. To highlight the HRH nursing and midwifery contributions to capacity building in academic and clinical educational programs throughout Rwanda	• The Human Resources for Health Program aims to achieve capacity development for nurses through an academic collaboration between the MINISTRY OF HEALTH and a consortium of 25 U.S.-based teaching institutions. • The long-term goals of the HRH Program are to increase access to and delivery of quality health care and to achieve health equity for all Rwandan citizens while prioritizing local ownership and sustainability.

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
DOCUMENTS FROM THINK TANKS & OTHER SOURCES				
6.	IDRC Afghanistan / 2017 (3)	Afghanistan / National level / Scoping Review report	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders	• Afghanistan has formulated a three-phase SDGs process (i) nationalization (ii) alignment and (iii) implementation. The Afghan Central Statistics Office is responsible for restructuring national surveys to record national SDG indicators. Health related targets and indicators are modified to fit the national context • Lack of capacity and resources, poor baseline data, a focus on data management rather than programmatic change and transformative governance, a failure to recognize the role of the private sector and lack of in-depth engagement of non-state actors are some of the challenges for SDG implementation
7.	IDRC Bangladesh / 2017 / Health Systems and Population Studies Division icddr, b Dhaka. (21)	Bangladesh / National level / Country case study	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with identification of challenges and gaps for implementation	• SDG Co-ordination Cell' has been established at the Prime Minister's Office (PMO) to guide the national SDG agenda. The major thrust of current (4th) Health, Population and Nutrition Sector Program (HPNSP) (2016-2020) of the MINISTRY OF HEALTHFW which falls under the 7th five-year plan (2017-2021) is on attainment of health and health related SDGs. Priority SDGs are 2, 4, 5, 6, 10, 11 & 16. The Access to Information (a2i) program of the Prime Minister's Office, with technical support from UNDP and USAID–in collaboration with General Economics Division (GED) of Planning Commission and Bangladesh Bureau of Statistics designed and developed SDG Tracker to create a data repository for monitoring the implementation of the SDGs. • Although, Mapping of stakeholders in the public sector has been done including identification of data gaps. There is relatively less progress in the multi-sectoral engagement for implementation of SGDs. Lack in health policy institutions for policy synthesis for evidence-based policy making is another challenge the country is facing
8.	IDRC Bhutan/ 2017 / Institute for management studies (22)	Bhutan / National level / Scoping Review Report	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with	• The Gross National Happiness Commission (GNHC), as the central planning and coordinating agency, incorporates SDGs into the national plan, programs and strategies. Currently, 134 SDG targets out of the 143 relevant SDG targets have been successfully integrated into the 11 Five Year Plan (FYP). Ministry of health is the lead agency responsible

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
			identification of challenges and gaps for implementation	for drafting the health sector plan and collaborates with multiple agencies and sectors to implement national and international goals. • Major challenges include lack of resources and health related policy research institutions, outdated data, further sensitization and capacity building of stakeholders is essential to progress in SDGs implementation. Increased funding from the government or development partners is necessary in this area.
9.	IDRC Ethiopia / 2017 (4)	Ethiopia / National level / Scoping Study	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• Ethiopian government has aligned SDGs with its national Growth and Transformation Plan. Priority SDGs are: 1, 2, 3, 5, 9 and 14. SDG implementation is steered by the National Planning Commission. National and sectoral M&E frameworks are in place. Planning department in each sector is responsible for monitoring. Each sector provides annual report to parliamentary standing committees. There are no SDG-specific earmarked funds; ministries are using their allocated budgets for SDGs. Development partners provide some funding support for health sector. Multiple non-government stakeholders are involved in SDG planning, implementation and monitoring. • Major challenges include: defining and aligning stakeholder roles, mobilizing financial resources, strengthening of data infrastructure and availability of disaggregated data by various population groups, and identification of capacity needed for implementation.
10.	IDRC India / 2017 / Indian Institute of Dalit Studies (IIDS), New Delhi (23)	India / National level / Scoping review report	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with identification of challenges and gaps for implementation	• In India, the National Institution for Transforming India (NITI) Aayog and the Ministry of Statistics and program Implementation (MSPI) are mandated to implement the SDGs by the Central Government and the States and enable integration of the SDGs into a 15-Year Vision', 'a 7-Year Strategy', and a '3-Year Action Agenda'. • CSOs/NGOs collaborate with national, state and local government institutions, and also international organizations for effective implementation of health programs • The NHP, 2017 sets several short term health goals, which are very much in line with the SDGs.

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
				• Major gaps include strengthening of inter-sectoral convergence for better health outcomes. For example, basic health outcomes need to be integrated with water, sanitation, environmental hygiene, nutrition, education on health problems. There needs to be SDG core committees at different level- national, state, and regional. Targets can be fixed from village level to national level with all cadres of functionaries. Need for an autonomous organization to act as data bank and dissemination unit for the nodal national body for SDGs.
11.	IDRC Kenya / 2017 (5)	Kenya / National level / Scoping Study	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• The Ministry of Devolution and Planning is responsible for the overall management and coordination of the implementation, monitoring and reporting of SDGs process in Kenya. The Inter-Agency Technical Working Group (WG) comprises of Kenya National Bureau of Statistics, National Council for Population & Development, civil society and the private sector, ensures that SDGs are mainstreamed in the development planning documents and; track and report on progress on SDGs and also acts as a forum to share information where necessary. Following the recent review of the performance contracting framework for Ministries, Departments and Agencies (MDAs) all public institutions are expected to mainstream SDGs into their plans, programs and policies and consequently report to the Ministry of Devolution and Planning on progress of SDGs implementation. Preparation of the Medium Term Plan III (MTP) will be through involvement of all stakeholders who will be represented in the National MTP Coordination Forum and the Medium Term Sector Working Groups (MTPSWGs). The grassroots and County consultative forums and National Consultative fora will serve as avenues to obtain consensus on the MTP III priorities, strategies, programs and projects. The budgeting process through the MTEF process follows almost a similar pattern. The preparation of the County Integrated Development Plans is also consultative and therefore creating ownership. In the same vein the second generation Revenue Allocation Formula was reviewed to prioritize the Poverty Index among resource sharing criteria. The Equalization Fund further allocates more public resources to counties

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
				with high poverty indices as a way to fast track the reduction of poverty that is critical to the attainment of the SDGs. • Mainstreaming of SDGs in policy, planning and budgeting and programs is likely to face some challenges some of which include; (i) Inadequate linkages/coordination between the National and sub national Governments; (ii) High political turnover/ change of regimes; (iii) Poor coordination between development partners (iv) data unavailability (v) lack of meaningful engagement of health policy think tanks in the implementation of agenda 2030 for SDGs in Kenya.
12.	IDRC Nepal / 2017 (24)	Nepal / National level / Country Study	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with identification of challenges and gaps for implementation	• Government of Nepal (GoN) has well established institutional mechanisms for SDGs implementation, monitoring and evaluation at national level. Stakeholders such as private sector, CSOs, cooperatives and development partners are coming to play a role in mainstreaming the SDGs into the national planning and budgeting system. The government, private sector, CSOs/CBOs, cooperatives, and development partners are on board for SDGs implementation The triangular partnership between the government, non-state actors and development partners worked well in Nepal. Similarly, The Sector Wide Approach (Swap) adopted by Nepal in health and related sectors demonstrated better results compared to other sectors. • Main challenges in SDGs implementation include mainstreaming SDGs into the provincial and local level planning and budgeting systems. Unavailability of disaggregated data at sub-national level are the challenges for progress monitoring. As Nepal has limited financial, materials and technological resources to push equally of all SDGs at a time, SDG priorities are needed based on fiscal, financial, managerial, technological, institutional and other capacity constraints. In Nepal, output level indicators of health related SDGs are easily obtained from administrative data and annual program reports, whereas the progress monitoring of the outcome and impact level indictors is found relatively difficult. However, monitoring the SDGs progress within the existing institutional framework of data generation and management is difficult.

S. No.	Study ID / year and organization / Journal	Study Setting / Scope *(global / /regional/ national/ state/ provincial)* and Type of the Study	Study Objective/s	Key findings and conclusions
13.	IDRC Pak / 2017 / sustainable development policy institute, Islamabad (12)	Pakistan / National level / Scoping Study	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with identification of challenges and gaps for implementation	• Policy research Institutes (PRIs) are contributing towards evidence generation, policy recommendations, capacity building and advocacy for SDGs. SDGs Unit have been established but the pace of work is comparatively slow and needs to be expedited. Need to enhance coordination among NGOs and opportunities for networking for them to be abreast with the developments around SDGs. Capacity building of local government to plan, implement and monitor SDGs is required. • A lot of data is missing for monitoring of SDGs. At the same time the existing data which is not being reported needs to be analyzed and published. Setting up standard data protocols and developing coordination mechanisms b/w Federal and Provincial Statistical Bureaus is required.
14.	IDRC Rwanda / 2017 (13)	Rwanda / National level / Scoping review report	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• Senate and parliament are responsible for oversight of SDG implementation, the cabinet for strategic direction and Sector Working Groups (includes government and non-government stakeholders) for technical consultation. Ministerial clusters are responsible for addressing issues across sectors. SDG implementation is integrated in existing development plans e.g. national Vision 2020 and Sector Strategic Plans. After an initial gap analysis monitoring indicators for SDGs have been created and allocated to various sector by expertise. Currently, government is able to fund only 66% of health sector funding needs. Stakeholders are engaged by participation in various forums e.g. Umuganda. • Major implementation challenges include: effective engagement of stakeholders, communication mechanisms to provide information to citizens on progress, mobilization of financial resources, linkages with research institutions in other countries to inform planning and implementation.
15.	IDRC Sri lanka / 2017 (25)	Sri Lanka / National level / summary report	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with	• The Ministry of Health (Ministry of health) in Sri Lanka is the central agency responsible for planning, coordinating, monitoring and evaluating the progress on health SDGs. Ministry of health with support of WHO has made concerted efforts to plan and monitor health SDGs by analyzing the compatibility of SDG core health indicators, aligning

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			identification of challenges and gaps for implementation	them with nationally available relevant indicators and planning a monitoring framework on SDG 3 – Good Health and Wellbeing. Ministry of health has made efforts to involve the Non-Government Organizations (NGOs) and Civil Society Organizations (CSOs) in planning and implementing health related activities. • Challenges: Participation with the health PRIs for research requirements has been alarmingly poor.
16.	IDRC Tanzania / 2017 / Ifakara Health Institute (11)	Tanzania		• In Tanzania, SDGs are integrated through national policy and plans. Domestication has been phased. Annual Development Plans and Budgets are to be made. Implementation is to be led, and monitored by, a FYDP II Delivery Unit (in MoFP); The FYDP II identifies alignment to the SDGs, particularly in Goals 1, 2, 3, 4, 5, 6, 7, 9 and 17. The FYDP II states SDG implementation will be operationalized through the Local Economic Development Approach3. The MoFP will be responsible for mobilizing government funds and innovative financing; coordinating, and establishing stakeholders; and providing guidelines to MDAs/LGAs. MoFP thus is key for planning and financing SDGs. The FYDP II identifies implementation strategies to be incorporated across Ministry of Finance and Planning (MoFP), Sectors, Regional Secretariat (RS) and LGA, private sector, academia, research, and financial institutions, with challenges for implementation identified • Challenges for implementation: risks posed by corruption, inadequate resource mobilization, policy-planning incoherence and lack of prioritization, inadequate decentralization and LGAs not being able to fully implement and/or monitor the plan. Also, there is an emerging gap in including local evidence and participation in planning/ budgeting.
17.	IDRC Uganda / 2017 / African Centre for Global Health and Social Transformation	Uganda / National level / Scoping Study	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• The SDG Coordination Framework is operated through different levels of political and technical committees such as (i) SDG Policy Coordination Committee (SDG-PCC) (ii) SDG Implementation Steering Committee (SDG-ISC), SDG National Task Force (SDG-NTF) and SDGs Technical Working Groups (SDG-TWGs). Moreover, the institutional framework also reinforces the implementation f SDGs.

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	(ACHEST) (26)			• Key challenges: insufficient resources at local Government due to lack of capacity internally, limited Community participation, inadequate engagement of Health Research Institutions. Therefore, there is need for strengthening institutions and reforms, increasing domestic revenues as a proportion of GDP, investments in public infrastructure, reforming public procurement, rallying the private sector, civil society, citizens and other partners towards implementation; tapping into technological capabilities for innovation and efficiency, public private partnerships, empowering local governments to deliver services and mobilizing the population to effectively participate in the development programs.
18.	IDRC Zambia / 2017 / African Center for Global Health and Social Transformation (ACHEST) Zambia (27)	Zambia / National level / Country case report	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• There are already existing systems and structures in place to facilitate the implementation of the SDGs. Secondly there also exists policies and documents (National Health Policy, Seventh National Development Plan - 2017-2021 and Zambia National Health Strategic Plan 2017-2021) although most of them are also carryovers of the MDGs but are being aligned to specific focus areas of the SDGs. Thirdly, the levels of stakeholder engagement and coordination seem to be in place despite varying levels of engagement • Challenges: lack of dedicated leadership, inadequacies in localization & prioritization of the SDGs so as to align the indicators to the Zambian context. There is near-lack of a central monitoring and evaluation system to track progress across sectors. Monitoring and evaluation towards SDG attainment still remain weak. Principal monitoring tools that include data collection and analysis systems are inadequate to provide timely data for opportune decision making and tracking of progress towards the SDGs.
19.	IDRC Zimbabwe / 2017 (28)	Zimbabwe / National level / Country Report	To assess the extent of adoption of health and health related SDGs in national plans and in common national and reporting frameworks of different sectors.	• The Ministry of Macroeconomic Planning and Investment Promotion is responsible for coordinating implementation of the SDGs and supervised by the Office of the President and Cabinet. A Steering Committee, chaired by the Chief Secretary to the President and Cabinet and represented by all line ministry Permanent Secretaries and the heads of the UN agencies, to provide overall guidance and strategic

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				leadership to the process. A Technical Committee, chaired by the Permanent Secretary in the Ministry of Macroeconomic Planning and Investment Promotion, and represented by SDG focal persons from line ministries and representatives from UN agencies, development partners, the private sector, civil society and the Office of the President and Cabinet, to spearhead the coordination, technical processes as well as providing technical backstopping. Extensive consultations with parliamentarians led to the establishment of a Parliamentary Thematic Committee on SDGs. Most of the funding of SDG promotion and dissemination activities is coming from the Ministry of Finance. However, fiscal resources are limited given that currently Zimbabwe is facing significant budgetary constraints.
20.	IDRC South Asia / 2017 / Sustainable Development Policy Institute (SDPI) – Islamabad, Pakistan (29)	Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, India & Sri Lanka / Regional level / regional synthesis technical report	To map out country-wide institutional arrangements for implementation of health and health related SDGs and assess the role of involved stakeholders along with identification of challenges and gaps for implementation in South Asian region	• The role of different stakeholders in accelerating the growth on SDGs is quite important and there is a dire need to support these stakeholders and institutions to enable them to perform their roles in a better and enhanced manner. Policy research institutions have recommended establishing a forum at regional and country level to coordinate and collaborate with each other to work in a collective manner to implement the SDGs. A capacity need assessment is also required if the support of policy research institutions is to be planned. This type of work has been done in accordance with IDRC's think tank initiative (TTI) in the past. • There is a need to start advocacy/ orientation and training sessions of media to enable them to play an effective role in awareness raising among masses and support government in promoting SDGs and monitoring and accountability of SDGs in collaboration with policy research institutions.
21.	IDRC South East Africa / 2017 / ACHEST (30)	Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe / regional level / synthesis technical report	To map out country-wide institutional arrangements for implementation of HHSDGs & assess the role of involved stakeholders along with identification of challenges & gaps for implementation in South Asian region	• There is a need to start advocacy/ orientation and training sessions of media to enable them to play an effective role in awareness raising among masses and support government in promoting SDGs and monitoring and accountability of SDGs in collaboration with policy research institutions.

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22.	ECLAC, Latin America and the Caribbean, 2017 (2)	Latin America and the Caribbean / Regional level / Report	To present experiences of countries in the Latin America and the Caribbean Region in implementation of sustainable development goals.	• The regional countries are struggling with weak recovery of international economic conditions and trade. • It is essential to pursue and broaden multilateral international cooperation. Policymaking requires a multi-stakeholder cross-sectoral institution foundation and the technical capacities for proper policy design and evaluation. Learning about and sharing policy experiences and practices in pursuit of those aims can help to improve the design of these mechanisms and boost cooperation. • Without strengthened national statistical systems it will be impossible to establish whether adequate progress is being made towards the Sustainable Development Goals. With such varied and ambitious objectives, the efforts involved in designing, measuring and interpreting a large number of indicators and voluminous data are complex.
23.	ECLAC, Latin America and the Caribbean, 2018 (31)	Latin America and the Caribbean / Regional level / Report	To present experiences of countries in the Latin America and the Caribbean Region in implementation of SDGs.	• Multi-stakeholder and cross-sectoral institution foundation and the technical capacities for proper policy design and evaluation are mandatory. • Strengthened national statistical systems are imperative to establish whether adequate progress is being made towards the SDGs
24.	Voluntary National Review / 2017 / UN high level political forum (HLPF) on sustainable development (14)	Afghanistan / National level / VNR Report	To present the progress made by the country in implementing SDGs at the UN high level political forum.	• The government in Afghanistan has reported significant challenges with data collection and management including limited technical capacity and infrastructure.

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25.	Voluntary National Review / 2017 / UN HLPF on sustainable development (32)	Bangladesh / National level / VNR Report	To present the progress made by the country in implementing SDGs at the UN HLPF.	• In Bangladesh the Prime Minister has formed an inter-ministerial SDG monitoring and implementation committee comprised of secretaries of 21 ministries. Multi-sectoral coordination in Denmark is coordinated by the Ministry of Finance through an inter-ministerial working group and bilaterally between the Ministry of Finance and line ministries. An innovative SDG tracking mechanism has been put in place comprising of an SDG tracker and an SDG dashboard. Bangladesh has ensured engagement of various stakeholders in the process of creation of the national voluntary review report.
26.	Voluntary National Review / 2017 / UN HLPF on sustainable development (15)	Nepal / National level / VNR Report	To present the progress made by the country in implementing SDGs at the UN HLPF.	• Reporting countries have addressed the imperative of "leaving no one behind" in multiple ways. All reporting countries have included SDGs into national development plans and strategies and most have adopted robust institutional frameworks for guiding and monitoring the implementation of the 2030 Agenda. The challenges facing reporting countries in various areas, including in the collection, processing, analysis and dissemination of reliable, timely, accessible, and sufficiently disaggregated data. Awareness-raising among all stakeholders is crucial to accelerating implementation of the 2030 Agenda. Governments, civil society, business, and the wider public need to learn more about the SDGs to act upon them
GRAY LITERATURE				
27.	G003 / 2017 / UNHLPF on sustainable development (1)	Global level / compiled executive summaries of VNRs from 43 countries	To synthesize voluntary national reviews 2017 comprising the experiences of 43 countries in implementation of sustainable development goals.	• Reporting countries have addressed the imperative of "leaving no one behind" in multiple ways. All reporting countries have included SDGs into national development plans and strategies and most have adopted robust institutional frameworks for guiding and monitoring the implementation of the 2030 Agenda. The challenges facing reporting countries in various areas, including in the collection, processing, analysis and dissemination of reliable, timely, accessible, and sufficiently disaggregated data. Awareness-raising among all stakeholders is crucial to accelerating implementation of the 2030 Agenda. Governments, civil society, business, and the wider public need to learn more about the SDGs to act upon them.

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28.	G007 / January 2017 / PAHO, WHO & Guyana (33)	Guyana / National level / Country Cooperation Strategy (CCS) 2016-2020	To document Guyana's progress in implementing SDGs	• There are Five Strategic Priorities and Three Focus Areas selected for the Guyana's CCS, these are aligned with health and health related SDGs. Also, the SDGs targets are all consistent with the priorities and the implementation strategies of the Health Vision 2020. Stakeholders' consultations with MoPH and other Government Ministries and Agencies, the private health sector, NGOs, FBOs & CSOs played significant role in this alignment. The Ministry of Finance will monitor engagement and progress
29.	G008 / 2018 / Globalization and Health (34)	India/ National level / Published Debate	To explore whether early traces of a five-fold paradigm shift according to SDGs can already be witnessed in the Indian context, focusing on Non-Communicable Diseases (NCDs) more in particular.	• A central plan addressing health through an inter-sectoral approach has shaped the trajectory so far, moving away from silos to engagement with sectors beyond health. New guidelines addressing comprehensive primary healthcare propose a community outreach and preventive approach for NCDs. • National stewardship will thus be key, via a more adaptive network governance structure with the central level coordinating with the state level to ensure implementation, while also engaging with other stakeholders, sectors, the private sector and civil society. Networked governance, necessary for the battle against NCDs, is a work in progress in India. In summary, some of the early (paradigm shift) signs are encouraging, but by and large it is still too early to assess whether a real paradigm shift has taken place.
30.	G010 / 2017 / UNDG (35)	Latin America & the Carribean / Regional Level / Country leaflets	To summarize the support, activities and impact of UN country teams to governments of Latin America & the Caribbean for the implementation of 2030 agenda	• Presents the UN country team support in 25 countries for implementation of HHSDGs
31.	G011 / 2017 / UNFPA (36)	Indonesia / National level / Country program action plan 2016-2020	To outline the actions, interventions and strategies supported by UNFPA for achieving SDGs	• SDGS secretariat established by Ministry of health coordinates national efforts to achieve Goal 3, in particular reducing maternal mortality. • UNFPA to provide technical support to MINISTRY OF HEALTH to strengthen evidence-based dialogue with national and subnational governments for achieving SDG 3. Also for improving the analysis and dissemination of population data from a range of sources and

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				standardize the reporting of national development indicators, particularly SDG indicators. UNFPA will also provide evidence-based advocacy on ICPD issues in the context of the SDGs and contribute to other global policy dialogues, through partnerships with parliamentarians and other key interests groups
32.	G012 / 2018 / United Nations (37)	Global level / World Public Sector Report 2018	To emphasize on the aspects of integration, institutions and implementation of SDGs	• It is recognized that the national level will be critical for the achievement of SDGs. • At the national level, understanding how to adapt institutional frameworks to deliver integrated policies that effectively address existing interlinkages among the SDGs will be critical to achieving progress; it will also have important implications for national public administrations and public service. • Broadly, promoting integration implies finding ways to foster cooperation and common approaches among institutions at all levels dealing with closely interrelated issues. This may entail putting in place adequate institutional arrangements, public administration practices, mechanisms, capacities, budgetary arrangements and resources. It also encompasses various modalities of engagement of non-state stakeholders in decision-making.
33.	G015 / / End violence against children ; the global partnership (38)	Global level / Pathfinding country progress report	Updated from 15 pathfinding countries	• The first End Violence Solutions Summit brings together high-level representatives from governments, United Nations agencies, civil society, the private sector and other stakeholders to share and discuss solutions to VAC. Subsequent milestones are the High-level Political Forum on Sustainable Development in 2019, which will review Sustainable Development Goal (SDG) 16 on peace, justice and strong institutions. In September 2019, leaders will gather for the first 2030 Agenda for Sustainable Development summit to review the results of the first four years across the 17 SDGs.
34.	G016 / Nov 2016 / prepared by Department of	Lao PDR / National level / Report of the Round Table	To shift the focus of development dialogue onto the SDGs implementation mechanisms,	• The national Steering Committee for SDGs has been established. The National SDGs Secretariat will be established at the Ministry of Foreign Affairs. Development partners, civil society and private sector will continue to actively participate in the consultations around the SDGs

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	International Co-operation Ministry of Planning and Investment (39)	Implementation Meeting Report	capacities and resources to assure local development impact.	and play an integral role in supporting their achievement at the national and sub-national levels. SDG focal points will be nominated by line ministries, Government agencies and provinces. In addition, each province will consider nominating SDG focal points at district- and village-level as appropriate. To create an enabling environment for SDG monitoring and assessment, key actions will be taken to strengthen the national statistical system and improve the quality and disaggregation of data.
35.	G021 / 2017 / Ministry of Health, Turkey & WHO Regional office for Europe (40)	Turkey / National level / Multi-sectoral action plan of Turkey for NCDs 2017-2025	to improve health sector in terms of NCDs, to facilitate multi-sectoral cooperation, to ensure the implementation of health policy by all institutions and to develop a common perspective.	• SDGs targets are aligned with Priority activity areas and approaches and supportive approaches for NCDs • The approaches will help to achieve SDGs, Health 2020 targets, the global target to reduce premature mortality from NCDs and national NCD targets.
36.	G026 / 2016 / WHO regional office for Africa (41)	Africa / Regional level / Report of the regional director	To present the work of WHO in African Region from October 2015 – June 2016	• In line with the SDGs, the Regional Office has developed a Regional strategic agenda to stimulate investment and intersectoral action on priority health and environment programs in Africa. Multidisciplinary teams of experts were deployed to give technical support to Eastern and Southern African countries. The WHO Secretariat in the African Region will advance implementation of the SDGs by intensifying its advocacy efforts with governments. It will support health planning, including translating health-related SDGs into relevant national goals through the revision of national health policies and strategic and investment plans. It will drive implementation through universal health coverage (UHC), including improving service delivery by strengthening the health workforce and adopting an integrated, people-centered health services approach which emphasizes functional health districts
37.	G029 / June 2017 / (42)	Caribbean / Regional level / consultation report	To arrive at a multi-stakeholder, multi-institutional understanding of the Global Strategy for Women´s, Children´s and Adolescents' Health	• Sixty-four participants from 18 countries were convened by the regional interagency coordinating mechanism Every Woman Every Child for Latin America and the Caribbean (EWEC-LAC) in St. Philip, Barbados on June 1-2 2017

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			and its implications in the context of the Caribbean	• The experts formulated recommendations for adaptation and implementation of the Global Strategy in the sub-region.
38.	G033 / March 2016 / Ministry of health & WHO regional office for Europe (43)	Lithuania / National level / Biennial collaborative agreemet (BCA)	To agree upon the collaboration program for 2016-2017 in response to public health concerns and ongoing efforts to improve the health status of the population of Lithuania.	• Key program areas were identified and categories developed. A linkage to the related key SDG) is provided for every category. • The Ministry of Health and the WHO Secretariat jointly commit to working together to mobilize the additional funds required to achieve the outcomes, program budget outputs and deliverables defined in this BCA.
39.	G038 / 2017 / Developed by the Violence and Injury Prevention Unit- Ministry of Health (44)	Kenya / National level / National violence & injury prevention & control action plan 2018 – 2022	To define strategies and targets to prevent violence and injury in Kenya	• Six key strategic directions were identified for the action plan; (i) strengthen health leadership and governance (ii) strengthen data and surveillance (iii) strengthen Health Systems and Health Care (iv) Strengthen Advocacy, Communication and social mobilization (ACSM) (v) Enhance Research, Monitoring and Evaluation (vi) Improve Resource Mobilization. • The action plan also proposes effective interventions to reduce the incidence of the commonly occurring injuries. • Implementation of the National action plan for prevention and control of violence and injuries is intended to facilitate attainment of six SDGs that relate to injury and violence.
40.	G042 / 2017 / Centre of Excellence against Hunger (45)	Global / Impact Evaluation Report 2011-2016	To assess the achievement of the Centre's objectives, the efficiency and relevance of its strategies, and the quality of its support activities along with identification of possible recommendations.	• The evaluation focused on the 28 countries that benefited from the Centre's continuous support, out of which 24 countries were consulted during the evaluation process. • The Centre's activities in capacity development have contributed to increased national ownership and autonomy in the design and implementation of national school feeding initiatives, and to the technical quality of the latter. • The ultimate impacts expected are in line with SDG 2. The interventions of the centre also affect the international development cooperation landscape and SDGs achievement, especially SDG 17.

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41.	G043 / 2017 / National assemble Zambia (46)	Zambia / National level / Report of the Committee on health, community development and social services	To study, report and recommend to government of Zambia possible measures to achieve SDG 3 selected targets	• recommended that the Ministry of Health should strengthen the data collection system and ensure that there was standardisation in the collection of data for monitoring purposes of targets 3.7.1 and 3.7.2.of the SDGs • Measures to achieve target 3.4 of health SDG: Health promotion & education in communities, trainnf of frnt line health workers, Scaling up the de-addiction program for alcoholics and other drug addicts, Providing guidelines for the management of NCDs at all levels of health care, Enforcement of legislation passed to control NCD and related risk factors, Updating the NCD medicines and supplies on the essential medicines list for Zambia to meet the demand, Recruitment and deployment of human resources for health countrywide, construction and renovation of hospitals and health centres countrywide to manage NCDs, enhancing the referral system at all levels of health care. • Possible funding from government for national NCD responses can be through domestic, bilateral and multilateral channels through the introduction of taxes on health-harming products like tobacco as revenue to finance national SDG responses including NCDs
42.	UNI 177 / 2017 / Occidental college	Global level/ report	To provide recommendations for ways in which UNICEF, and similar organizations, can support young peoples' ownership of SDGs	• This report analyzes successful practices from three country case studies (the United Kingdom, Colombia, and Uganda) as well as two thematic case studies focusing on climate change & children in emergency situations. • The recommendations, which are based on case studies and the creativity of young people, address the question of SDG implementation through creative learning methods, entertainment and youth participation for traditional school settings as well as non-traditional settings.
43.	UNI 187 / 2017 (48)	Albania / National Level / Government of Albania and United Nations	To support Albania to achieve its SDG targets by full European integration as mentioned in the NSDI with a rights-based and inclusive approach.	• Albania's National Strategy for Development and (European) Integration (NSDI II) 2015-2020 and the adaption of SDGs underpinned the United Nations' program of Cooperation for Sustainable Development (PoCSD) with the Government of Albania for sustainable development. Albania's objective of European integration is a main

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		program of Cooperation for Sustainable Development 2017-2021		driver of a broad program of reform and is a shared political priority. Key reforms include a territorial reorganization alongside new local elections in 2015, a decriminalization law and a package of constitutional reforms focused on justice.
44.	UNI 526 / 2017 / UNICEF (49)	Global level / program Division (PD) annual report	To document significant headway on a range of priority areas for impactful global action for children in 2016	• In the first year of the implementation of SDGs PD focused on SDG adoption and implementation by national governments and other development partners, • In collaboration with UNICEF's Public Partnerships Division (PPD), PD also provided countries with information, tools and good practices to enable support to national governments to localize SDGs within their national development plans as well as sectoral national plans, prepare them for reporting to the High Level Political Forum, and operationalize the Mainstreaming, Acceleration and Policy Support (MAPS) tool that enables United Nations Country Teams to provide coherent support to national governments and stakeholders. • PD effectively contributed to shaping partnerships and financial mechanisms to help fund the SDGs and in support of child rights globally such as the launching of the new Global Partnership to End Violence Against Children and the Education Cannot Wait (ECW) fund. UNICEF also continued its strong partnership with the GAVI Alliance under the Partnership Engagement Framework to deliver vaccines for children, and partnered with UNFPA to launch the Global program to Accelerate Action to End Child Marriage. Furthermore, an Early Childhood Development Action Network (ECDAN) was launched with the World Bank Group, engaging over 80 diverse partners to accelerate achievement of the young child targets of the SDGs.
45.	UNI 572 / 2017 / Unicef Pacific Island Multi-Country program (50)	Multicounty level / NICEF Annual Report 2016	To document UNICEF's support to Pacific Island Countries and Territories (PICTs) through emergency response, recovery and ongoing development programs.	• The comprehensive RMNCAH Strategy and Implementation Plan for 2017–2020 was finalized in 2016. The Strategy's maternal and child health (MCH) indicators were aligned with SDGs, the 2017–2030 National Sector Development Plan and the 2017–2020 Health Sector Strategy in Vanuatu. The 2016–2020 National Nutrition Policy was

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				adopted. Development of communication strategies for RMNCAH, EPI and interpersonal communication components was initiated. • UNICEF Pacific established close collaborations with regional organizations in the Pacific to address children's issues. The Pacific Islands Forum is an important partner within the Pacific Plan for Regional Cooperation, where HPV vaccination is becoming a priority. UNICEF continued close partnership with Pacific Community (SPC) on evidence generation, Sustainable Development Goal (SDG) and Convention on the Rights of the Child (CRC) reporting. • UNICEF engaged in dialogue on measuring poverty in the Pacific under SDG target 1.2.2. Almost all Pacific countries progressed towards adopting multidimensional poverty measures for inclusion in DHS and household income and expenditure surveys. Preparations for data collection and monitoring of key SDG indicators were underway in all 14 Pacific countries. UNICEF Pacific contributed to SDG localization as a member of the Regional SDG Working Group and the UN SDG Group, to ensure relevant indicators for children are included in agreed SDG monitoring frameworks.
46.	UNI 712 / Mar- Apr 2017 / UNICEF (51)	Vanuatu / National level / Partner update	To document the support of UNCEF in Vanuatu in 2016	• The Vanuatu 2030 Monitoring and Evaluation Framework is expected to be finalized by the Department of Strategic Policy, Planning and Aid Coordination, with technical support from the UN Development Program, by May, 2017. In view of the launch of the new national framework, a Sustainable Development Goals localization workshop is being planned by the UN Joint Presence Office (UNJPO) in concert with the validation of a complementary UN Pacific Strategy (UNPS).
47.	UNI 828/UNICEF Turkmenistan 2017 (52)	Turkmenistan	To document the supportive activities of UNICEF in Turkmenistan in 2017	• These key lessons can be drawn from the evaluation: i) Maintaining strong and stable leadership is the essential element to ensure integrated and well-coordinated comprehensive service delivery by NNP; ii) Complementary nutrition related activities between sectoral programs maximize effectiveness; and iii) Strong monitoring and evaluation system along with well documented results is essential to track performance.

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48.	UNI 829/ UNICEF/HIV-AIDS 2017 (53)	Global	To document the supportive activities of UNICEF fir HIV and AIDS in 2017	• UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child. At the core of the Strategic Plan, UNICEF's equity strategy – which emphasizes reaching the most disadvantaged and excluded children, caregivers and families – translates this commitment to children's rights into action. A number of country examples illustrate areas where UNICEF is providing support.
49.	UNI 835/ UNICEF / West and Central Africa, 2017 (54)	Regional	To document UNICEF activities in the region in 2017	• The West and Central Africa region faces numerous challenges including armed conflicts, insecurity, violent extremism and successive epidemics. The region presents a mix of contexts: 10 countries are classified as middle-income, while 16 (accounting for 79 per cent of the total population) are considered 'fragile'. WCAR continued to have the world's highest child mortality rates and maternal mortality. Little progress was made in reducing child deaths from malaria, pneumonia and diarrhea. Only three countries reached the target (at least 5 per cent) for children aged 0–59 months with diarrhea who received oral rehydration solution/zinc.
50.	UNI 913 / UNICEF / nutrition 2017 (55)	Global	To document the supportive activities of UNICEF for nutrition in 2017	• Many countries are facing a devastating triple burden of malnutrition – with coexisting burdens of stunting and wasting; vitamin and nutrient deficiencies; and overweight and obesity. This triple burden can be seen at the population level, within communities, within households and even within the same individual. UNICEF and its partners are increasingly using the language of 'all forms of malnutrition' to recognize this complex and interconnected relationship.
51.	UNI 938 / UNICEF / water, sanitation and hygiene, 2017 (56)	Global	To document the supportive activities of UNICEF for water, sanitation and hygiene in 2017	• UNICEF is well positioned to support such an acceleration of results to meet the 2030 SDG targets for WASH and for children. Furthermore, indications suggest that where there is strong leadership, UNICEF and other stakeholders are willing and able to accompany countries on this journey, deploying evidence and experience from across the world, and developing novel and successful options and solutions that can bend the curve of history, for all children.

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52.	UNI 939 /UNICEF / child protection, 2017 (57)	Global level	To document the supportive activities of UNICEF for child protection in 2017	• To ensure that no child is left behind, the UNICEF Strategic Plan, 2018–2021 aims to achieve results that will in turn serve as milestones in achieving the SDGs. UNICEF's direction is centered around three reinforcing outputs to support advocacy efforts and programming to scale both in and out of emergencies – preventing and responding to violence against children (Output 1), accelerating the reduction of harmful practices such as FGM and child marriage (Output 2), and enhancing children's access to justice (Output 3)
53.	UNI 1021 a / UNICEF / Coherence in action (58)	Global level	To document activities and present case studies of UNICEF activities for child health and protection in 2017	• The different stories on UN Coherence and UNICEF presented in this publication showcase a variety of achievements such as: the design of the 12th national plan within the context of SDGs in Bhutan supported by the United Nations with UNICEF adding value through Data Ecosystems Mapping.
54.	UNI 1022 / UNICEF/ Guatemala / 2018 (59)	Guatemala / National level	To report on the joint audit of the sustainable development goals Fund Joint Program in Guatemala	• Based on the audit work performed, OIAI concluded at the end of the audit that governance, risk management and internal controls over were generally established and functioning during the period under audit.

Preliminary conclusions

Based on the findings of the review, the following preliminary conclusions can be derived

- **Political commitment.** High level of political commitment is the single most important signal that countries can give in terms of their seriousness towards health related SDGs. Many countries have 5-year policy and planning cycles and these are opportunities for incorporating SDGs in their national policies and plans which should not be missed. Many existing regional development plans and strategies are also opportunities to align and strengthen commitment on SGDs.

- **Institutional arrangements.** There is no one-size-fits all institutional arrangement for implementing SDGs. Based on local context, countries have options to host it within a number of ministries/departments e.g. ministries of planning, health, economy, cross-ministerial committees or by setting up a new mechanism. Perhaps the most important principle is to ensure a multi-sectoral mechanism that allows the hosting institution to engage with other sectors for the benefit of population health.

  Financial commitment – Available of adequate resources is critical to ensure implementation of HHSDGs. The amount of total resources allocated to different sectors and reflected in the national budget will not dramatically change in the short run unless there is a windfall of external funding. Significant increase in external funding may be unlikely for most countries and may be detrimental to sustainability. Governments however need to ensure that adequate resources are allocated to ensure the functioning of the institutional and coordination arrangements among health and other related sectors. Efficient and coordinated use of available resources from private sector, philanthropic sources and development partners would be imperative.

- **Stakeholder engagement –** A maxim of SDGs is 'leave no one behind' and a good way to ensure this is not to leave out stakeholders – the powerful and the not-so-influential. Hence stakeholder mapping is essential along with the engagement of all sectors and giving voice to the representatives of communities in important forums.

- **Role of development partners -** Development partners can play their roles most effectively by aligning their work with the principles of aid effectiveness and supporting priorities of national and subnational governments, and aligning their work with other partners. Some points where development partner support help countries especially LMICs are strategic planning and budgeting, capacity building and resource mobilization. Multilateral organization, bilateral organization and regional organizations can support integrated action on HHSDGs by ensuring that their internal systems support action by adopting strategies, programs and projects that take into account all three dimensions of SDGs, social, economic, and environmental in implementation. (21-23) Regional organizations can also provide guidance to country governments on aligning national health policies and programs for successful achievement of SDGs through integrated actions. (24, 25)

- **Multi-sectoral mechanisms –** To reap the promised benefits of implementation of HHSDGs on population health, multi-sectoral collaboration has to be at the heart of national SDG implementation efforts. Many modalities can be used at the higher political level including

ministerial committees and cross-ministerial working groups. However, key challenges to effective multi-sectoral collaboration would be political frictions and administrative complexity inherent in such work. Incorporating multi-sectoral collaboration from the beginning of the planning process rather only at the implementation stage could ensure truly collaborative work. Moreover, ministries of health or public health will have to take up the mantle of leading the agenda of implementation of health-related SDGs for better population health. While such multi-sectoral direction is often evident in structures that have been specially set-up for SDGs, pre-existing institutional mechanisms (such as specific ministries spearheading the SDG agenda) need to make strong efforts to ensure collaboration across sectors.

- **Monitoring and evaluation -** Insufficient data and inadequate data systems and capacities will be key challenges for many LMICs and low-income countries (LICs). Access to data disaggregated at the appropriate level to assess progress of implementation in the general population and especially for disadvantaged groups will be essential to assess progress and course corrections. and ensuring that equity concerns remains in focus. For dealing with these challenges, development partners, academia and think tanks can play a crucial role by providing technical and financial support for strengthening information and statistical systems. Assessing the impact of health-related SDGs on improvement in population health will need development of appropriate methodologies and tracking.

- **Focus on equity:** Equity considerations need to remain in focus to ensure disadvantaged groups are not left behind. For health and health related SDGs, assuring universal health coverage and expansion of social protection schemes is key.

- **Capacity building –** Lack of technical and administrative capacities for implementation of HHSDGs can be a key bottleneck in implementation of SDGs. For instance, in the health sector ensuring access to quality, affordable health services will require significant expansion of availability of services of qualified health professionals. Capacity gaps in statistical systems will also need to be filled to monitor progress.

- Finally, more effort should be made by countries and other stakeholders to document country experiences. This is imperative to allow sharing of best practices, particularly for South-South knowledge exchange.

Next steps

Over the coming months the IM-SDG project will undertake five national consultations in a select group of countries. These consultations will be based on probes reflecting elements gleaned from our global process review to provide insights into actual country experiences in implementing HHSDGs or lack thereof. The consultations will be guided by and build on the findings of this review and will serve to provide insights into the SDG implementation process in national contexts.

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Annex 1 - Health and Health-related sustainable development goals, targets and Indicators

Source: World Health Organization's 2018 Global Reference List of 100 Core Health and Health-related SDG indicators.

Table 3: HHSDGs, targets & indicators as per WHO 2018 global reference list

S. No.	Health and health related SDGs (HH SDGs)	Selected Targets		Selected Indicators
1.	SDG 1: End poverty in all its forms everywhere	1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
		1.5	By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters	1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population
2.	SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
				2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)
3.	SDG 3: Ensure healthy lives and promote well-being for all at all ages *(all targets)*	3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio
				3.1.2 Proportion of births attended by skilled health personnel
		3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate
				3.2.2 Neonatal mortality rate
		3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
				3.3.2 Tuberculosis incidence per 100,000 population
				3.3.3 Malaria incidence per 1,000 population
				3.3.4 Hepatitis B incidence per 100,000 population

S. No.	Health and health related SDGs (HH SDGs)	Selected Targets		Selected Indicators
				3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4	By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
				3.4.2 Suicide mortality rate
		3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
				3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
		3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries
		3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
				3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
		3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
				3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
		3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution
				3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
				3.9.3 Mortality rate attributed to unintentional poisoning

S. No.	Health and health related SDGs (HH SDGs)	Selected Targets		Selected Indicators
		3a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
		3b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the target population covered by all vaccines included in their national programme
				3.b.2 Total net official development assistance to medical research and basic health sectors
				3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
		3c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution
		3d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness
4.	SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
5.	SDG 5: Achieve gender equality and empower all women and girls	5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

S. No.	Health and health related SDGs (HH SDGs)	Selected Targets		Selected Indicators
				5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
		5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
				5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
		5.6	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
				5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
6.	SDG 6: Ensure availability and sustainable management of water and sanitation for all	6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all	6.1.1 Proportion of population using safely managed drinking water services
		6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
7.	SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all	7.1	By 2030, ensure universal access to affordable, reliable and modern energy services	7.1.2 Proportion of population with primary reliance on clean fuels and technology
8.	SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.8	Protect labor rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status
9.	SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	9.5	Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research	9.5.1 Research and development expenditure as a proportion of GDP

S. No.	Health and health related SDGs (HH SDGs)	Selected Targets		Selected Indicators
			and development workers per 1 million people and public and private research and development spending	
10.	SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable	11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations	11.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population
		11.6	By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)
11.	SDG 13: Take urgent action to combat climate change and its impacts	13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	13.1.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population
12.	SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1	Significantly reduce all forms of violence and related death rates everywhere	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age
				16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause
		16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18
13.	SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.19	By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	17.16.1 Number of countries reporting progress in multi-stakeholder development effectiveness monitoring frameworks that support the achievement of the sustainable development goals
				17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration

Annex 2 – Data Extraction Form

IM-SDG Data Extraction Form		
Title of Publication		
Year of publication	Date of review	Unique identification number
Study setting (Name of region /country/ province/ state)	Scope of the Study (global / regional / national/state or provincial)	Document Type (report / policy document / evaluation (program/policy)
Name of journal/organization:		
Citation:		
URL:		
Aim/objective of the document:		
Study design for peer reviewed articles:		
Data collection strategy:		
1. Evidence of national commitment on H&HrSDG? (**national** policies, strategies, plans, etc., country signatory to agenda 2030)		
2. Institutional set-up for implementing SDGs (mechanisms, tools, institutional processes across the government, within health sector and other health-related sectors for H&HrSDG)		
3. Financial commitment – e.g. increased fiscal space for HHSDGs through social sector spending improvement, financial mechanisms for collective action for HHSDGs. (e.g. domestic vs foreign, tax collection and allocation, innovative financing mechanisms, private sector/philanthropy, other resource mobilization efforts, etc.)		
4. Stakeholder engagement - non-government, civil society, universities, research institutes, community organizations, etc.; Stakeholder engagement modalities, which areas (HHSDGs) are they being engaged in (e.g. indicator development, implementation partners, etc.), evidence of contribution to implementation, if any.		
5. Multi-sectoral collaboration – evidence of MoH engaging, advocating, leading action on health related SDGs by working with other related sectors in the government to achieve shared goals, evidence of collective planning and action		

6. Role of development partners – in getting SDGs on the agenda, and in supporting implementation (including monitoring, evaluation)
7. Capacity development initiatives (e.g. capacity to use information strategically, identify policy/strategic gaps,)
8. Monitoring mechanisms – local adaptation of monitoring framework and choice of specific indicators for HHSDGs (localization); use of existing data resources vs new mechanisms; *Are there shared and centrally collated system for data collection and standardization for H&HrSDG instead of data being held in "silos" within health or other sectors and stakeholders. e.g. level of integration, information systems specified, responsible body/agency/ministry for M&E decided*
9. Improving health equity – Evidence of equity focus in implementation of SDGs (mentioned in policy, strategy documents, included in indicators, etc. at national and sub-national levels and for different population groups using stratifiers of income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics where available and as relevant, based on country context, identification of equity bottlenecks, equity-focused reviews?
10. Evaluation – evidence of process or impact assessment of the implementation of H&HrSDG on service outputs/health outcomes
Key findings and conclusions
Challenges to the implementation of HHSDGs
Country-specific recommendations for achieving HHSDGs SDGs
Miscellaneous

Annex 3 - IM-SDG: Tracking changes in government policies/strategies for implementation of HHSDGs

The detailed country progress review is based on a number on government documents, think tank reports and progress reviews by country governments. The material in red represents steps taken especially for SDGs and blue is for work that was already underway before the SDGs but will meaningfully contribute to their achievement.

Table 4: Country progress in Pakistan

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other Health and health related sectors	Monitoring	Focus on equity	Capacity development
Overall	Lack of resources, effective coordination with provinces and effective engagement of districts, lack of capacity of Human resources, and reposition of local government as the SDGs focal tier.	The government has established SDG Support Units at federal and provincial levels with assistance from UN, and has created the SDG Secretariat within the parliament	Prime Minister's Special Program for Sustainable Development Goals) 2016-2018 is being allocated Rs. 25 Billion in the 2017-18 Federal Budget. The Federal Government has released over Rs 427.463 billion for different social sector developmental projects under Public Sector Development Programme		United Nations Development Program (UNDP) has collaborated through national level consultation on Post 2015 Development Agenda				The federal government has demonstrated organized a series of seminars, workshops and high-level meetings with the provincial governments on implementing SDG reforms

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other Health and health related sectors	Monitoring	Focus on equity	Capacity development
			(PSDP) 2016-17 as against the total allocations of Rs 800 billion.						
SDG 1		The Medium Term Expenditure Framework (MTEF) 2018 constitutes government's poverty reduction planning.			The Pakistan Poverty Alleviation Fund is actively engaged in this process		Sindh: Multidimensional Poverty Index (MPI) by the Ministry of Planning, Development and Reform, and the alignment of the Multiple Indicator Cluster Survey (MICS)		
SDG 2									
SDG 3		Department of Health is responsible at the Provincial level, but there are also many vertical programs at federal level	33 % of total health expenditure is incurred by the Government (including military setup and autonomous bodies).		In health sector some of the important donors include but not limited to, USAid (USA), DfID/UKAid (UK), AusAid (Australia), GIZ (Germany), World Bank, Asian Development Bank, Norway, Canada, JICA	Think tanks, academia and NGOs have been involved in collaboration	Ministry of National Health Services Coordination is mainly responsible for monitoring. Each province has its own M&E system and in some cases more than one M&E system for different		Punjab has established a Public Health Agency for capacity development LHWs are being trained as per new curricula.

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other Health and health related sectors	Monitoring	Focus on equity	Capacity development
					(Japan). Whereas the UN agencies working in Pakistan include, UNDP, WHO, UNICEF, UNFPA, UN Women. UNDP is involved in overall SDGs while others are working on health related issues and gender is a cross cutting issue taken care by UN Women		initiatives/ programs Healthcare commissions are responsible for monitoring the public and private facilities		
SDG 4		National Commission for Human Development (NCHD) is in the process of initiating a massive enrollment campaign through its Literacy Centers and Non-formal Feeder							

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other Health and health related sectors	Monitoring	Focus on equity	Capacity development
		Schools from April 1, 2017. Other initiatives being undertaken by NCHD include the establishment of 2000 Adult Literacy Centers and 3000 Functional Literacy Centers approved by Planning Commission in all the provinces for the age of 15 to 45 years							
SDG 5						Collaboration with law through the passing of Punjab Protection of Women Against Violence Act 2016			
SDG 6									

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other Health and health related sectors	Monitoring	Focus on equity	Capacity development
SDG 7		Punjab: Quaid-e Azam Solar 100MW Solar Power plant to reduce reliance on fossil fuels in generation of electricity							
SDG 8									
SDG 9									
SDG 11									
SDG 13						The Senate passed the Climate Change Act 2016 in the National Assembly in December			
SDG 16									
SDG 17									

Table 5: country progress for Sweden

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
		What bodies are responsible for making and implementing policies in this sector	Evidence of budget allocation/re-allocation for SDG implementation	Which stakeholders have been engaged in the process of SDG localization and implementation	In helping implementation of this SDG	Which sectors and what institutional mechanism	Tracking progress indicators, institutions	Interests of disadvantaged population (women, children, elderly, minorities, LGBTQ) explicitly considered	For implementation of this SDG
overall		The Government is collectively responsible for implementing the 2030 Agenda. In addition to this, two ministers have a special overarching responsibility. The Minister for Public adm is responsible for coordinating and promoting the implementation				In July 2015, the Government decided to establish the Scientific Council for Sustainable Development. The council includes a panel of prominent researchers representing different multidisciplinary and cross-sectoral approaches.			

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
		of the Agenda nationally in Sweden. The Government Offices has an inter-ministerial working group for the 2030 Agenda, in which all ministries participate							
SDG 1	Challenges are the reduction of income disparities in Sweden, including the differences in income between women and men, and increasing the disposable income of certain vulnerable groups, such as children and adults	Public institutions have the structural responsibility of reducing inequity, which leads to poverty reduction						This goal is seen through an equity lens in Sweden, where focus is on reducing poverty for disadvantaged groups	

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	in families with scant income, people with disabilities and of the many newly arrived immigrants who have come to Sweden in recent years.								
SDG 2	Challenges regarding Goal 2 include tackling the population's increasing overweight and obesity, ensuring environmental sustainability and biodiversity in agriculture and strengthening all sustainability dimensions in the entire food chain.	The Swedish Board of Agriculture is responsible for the environmental objective "A Varied Agricultural Landscape", which includes the preservation and strengthening of biodiversity						.	

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
SDG 3	Challenges for Sweden lie in taking measures for health equity, including the reduction of disparities in health and well-being between different groups in society	The parliament has adopted national public health policy covering eleven target areas on health. Additionally, the Commission for Equity in Health was appointed in 2015 with the task of reduction of health disparities in society.	In 2015, Swedish development cooperation to medical studies and primary health care amounted to approximately SEK 538 million					Expanded protection against age discrimination entered into force in 2013. The Commission for Equity in Health was appointed in 2015 to the reduction of health disparities in society. A gender equality perspective is to be observed in the Commission's work.	
SDG 4	The challenges include increasing the equivalence of schools,								

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	increasing the number of qualified teachers, improving the quality of teaching, raising the level of learning outcomes and ensuring that education and learning environments are accessible and are able to include all students on the basis of their needs and conditions.								
SDG 5	Challenges include effectively combating all discrimination against women in society, eliminating disparities in salaries	Existing parliamentary goal that men and women are to have the same power. The Government has established a national gender equality		.		In 2016, the Government presented a ten-year national strategy to prevent and combat men's violence against women. A		Technically overlaps with other categories	

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	and employment rates between women and men, ensuring that unpaid care and household work is more evenly distributed by improving the conditions for gender-equal parenting, and preventing men's violence against women, including violence and oppression in the name of honor	Agency – operational by January 2018				number of authorities have been assigned special tasks linked to this issue			
SDG 6	In some areas, the drinking water supply might at times be threatened due to low groundwater levels.								

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
SDG 7	A major challenge for Sweden is the transport sector. Further measures are needed, such as a greater introduction of electric vehicles, greater use of biofuels and societal planning that makes transport more effective	Swedish Energy Policy Commission is highlighted as contributing to this goal.							
SDG 8	Challenges: reducing differences and disparities on the labor market, including differences in pay between women and men. Persons with a disability, newly arrived								

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	immigrants, those born outside Europe and certain older people and young people have greater difficulty than others in establishing themselves on the labor market								
SDG 9	Reducing greenhouse gas emissions and continuing the development towards a more sustainable industry in all areas. Initiatives also need to be made to give everyone in Sweden access to a reliable and fast broadband	In 2016, the Government presented an infrastructure bill for 2018-2029, Infrastructure for the future – innovative solutions for strengthened competitiveness and sustainable development The Government has also presented a	Sweden's research and development expenditure was SEK 137 billion in 2015, which corresponds to 3.28 per cent of GDP. The private sector accounted for almost 70 per cent, the higher education sector, which is mostly publicly financed,						

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
		strategy for new industrialization – Smart Industry – to help strengthen the capacity of companies for transition and competitiveness at both the national and regional level in areas such as digital development and sustainable production. The Government also has initiated five collaborative programs to strengthen Sweden's global innovation and competitiveness and to contribute to a sustainable development and job	for 27 per cent and the remaining public sector for a further 3 per cent of this amount						

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
		creation. The Government has also presented its policy in the area of sustainable business (CSR) in a communication to the Riksdag.							
SDG 11	Good security, and satisfying the need for more housing. Segregation in Residential areas must be broken. Continued urbanization is also placing greater demands on an expanded and environmentally friendly public transport with good accessibility also for persons with disabilities.					Legislation and other rules exist for urban planning, which requires consultation with civil society and residents in areas to be developed, altered or planned for the future		As of 2015, the Swedish Discrimination Act (2008:567) states that inadequate accessibility can be a form of discrimination.	

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
SDG 13	finding methods for strongly, effectively and quickly helping to reduce greenhouse gas emissions both in Sweden and in other parts of the world.	National government commitment to support the 2015 Paris agreement. In March 2017, the Government submitted a bill to the Riksdag for a climate policy framework for Sweden		In December 2016, actors with regional development responsibility were commissioned to produce regional action plans to integrate and strengthen the climate and environmental perspectives of regional growth work for the period 2017–2020					
SDG 16	A challenge for the whole of society is to continuously safeguard and further develop Swedish democracy and the rule of law, and to maintain respect for and	In October 2016, the Government submitted a communication to the Riksdag containing its strategy for the national work on human rights.							

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	observance of human rights, including the rights of people with disabilities and of children. The question of making the Convention on the Rights of the Child law is being prepared at Government Offices. The tasks of the new national gender equality agency will include strengthening the preventive work against men's violence against women.								
SDG 17	Sweden faces several challenges in the area. The most important one is to be	Sweden has an effective national system for collecting statistics in	Since 2006, development cooperation & humanitarian aid has amounted						

SDG	Challenges	Institutional set-up	Financial commitment	Stakeholder engagement	Development partner role	Collaboration with other health and health related sectors	Monitoring	Focus on equity	Capacity development
	able to consistently and tangibly realize policy coherence in the implementation of the 2030 Agenda and to constructively contribute to this globally as well.	accordance with international principles	to about 1 per cent of GNI. According to OECD statistics, Sweden's aid to the least developed countries amounted to 0.29 per cent of GNI in 2015 Of the total Swedish development cooperation in 2015, just over SEK 2 billion went to financial and technical support for developing countries. In the same year, support for capacity building in the area of statistics amounted to approx. SEK 113 million.						